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Employment Potential of AFDC Mothers
Questions and Answers

Welfare in Historical Perspective
Colonial Times to 1860: Part II

1968 Research and Demonstration Grants

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GENEVIEVE W. CARTER, Chief
Division of Intramural Research

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The Employment Potential of AFDC Mothers

Some Questions and Some Answers

GENEVIEVE W. CARTER

Asking the right question is the central issue in the conduct of social research. As new knowledge based on research becomes available, there is a better understanding of cause and effect relationships, and it is possible to refocus the next spiral of research on questions more relevant to the core issues. For example, in asking questions about the employment motivation of mothers in the Aid to Families with Dependent Children program (AFDC), researchers would not restrict questions about motivation to the personal characteristics of the individual mother or individual family. Rather, they would also ask questions about the job-training program or the employment environment. As more information about the participation of AFDC mothers in the labor force becomes available, researchers become more aware that the personal motivation characteristics of these mothers are less relevant than the cause and effect relationships inherent in the intervention program (that is, the job training) and work setting.

As the body of information about the mobility of the AFDC caseload develops, it becomes clearer that research questions cannot be directed only to the AFDC program. As this paper will attempt to explain, some of the more relevant questions must be directed to the marginal families outside the assistance program and to the irregular economy that supplies employment opportunities to these families.

In the analysis presented here, I will attempt to provide a basis for reassessing research efforts and to offer certain generalizations based on what is now known and what appears to offer directions to research.

An examination of the employment potential of AFDC mothers limited to those currently receiving assistance under AFDC can be a narrow and misleading approach--for both researchers and program planners. Narrowly classifying cases as "on welfare" or "off welfare" has little utility except for administrative accounting.

The AFDC mothers, as well as the people in the other components of the program, are an interacting part of a larger population-at-risk. The game of musical chairs played by new cases, previous cases that return, and cases that close for a while or for good reflects the interaction of the welfare system with the unstable employment conditions of the irregular, dead-end job economy available to them.

The more researchers examine the types of jobs available in the irregular economy to marginally skilled women, the more important for them becomes the search for reasons why the irregular economy is so different from the regular economy in its provisions for higher wage rates, union protection, promotional opportunities, job satisfaction, and legislated

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Dr. Carter is Chief, Intramural Research Division, Office of Research, Demonstrations, and Training, Social and Rehabilitation Service.

fringe benefits. The questions for researchers are these: Does the protection of the regular economy necessarily require the existence of an irregular, marginal job market? Does the welfare system tend to perpetuate a marginal economy?

More AFDC mothers participate in the labor force, especially in the irregular employment economy, than has been recognized. The cliche of "motivating women for work" is irrelevant to those AFDC mothers whose histories point to years of hard work.

There is no absence of evidence to show that AFDC mothers have aspirations for employment. What the studies do show, however, is that these mothers seldom have high hopes for steady jobs with employment benefits. They must also live with the expectation that their child-care arrangements may not last for long. Usually, the child-care provisions they expect are not "fancy"--mainly supervision for the children by relatives or neighbors who also live poor and unstable lives.

Most AFDC mothers are aware of the simple arithmetic of the situation: at minimum wages, it takes a wage earner and a half to support one adult and three children at minimum maintenance level. And from that income the wage earner must subtract work-related expenses and the cost of child care.

Most of the data available on the characteristics of AFDC mothers have been analyzed in relation to the characteristics of people in the general population. Gross differences have appeared when comparing the two. Only recently have comparative data on the poor people on AFDC and other poor people become available. In general, individual and family characteristics are similar for persons "on welfare" and persons who happen to be "off welfare" at a particular point in time. The differences lie in the immediate effect on marginal families of external events that upset their last-straw, makeshift provisions for food and shelter. It has been an error on the part of researchers and of the public to conceive of these families as spiraling downward through ever-increasing amounts of deterioration brought on by self-induced crises that lead to public assistance.

Some AFDC mothers need and want long-term public welfare care and maintenance under an AFDC program. Others need and want employment. Because of stereotyped ideas about a chronic, static caseload, present AFDC programs are more flexible for mothers who are long-term users than for working mothers. Yet the policy and program implications should be different, granted the expected mobility between groups. This distinction can be "deduced" from case closings even without other information ("deduced" as there are no systematic longitudinal studies of families following case closings).

Most of these mothers--closed cases, current cases, or recently rejected cases--have had ample experience in finding their own way through the maze of job hunting and arranging for child care. Because the self-directed movement of AFDC mothers into employment is common, the obvious question is this: Can family stability and employment continuity be improved through agency services after the case record is stamped "closed--other income"?

The welfare system and the irregular job economy interlace--when the AFDC mother's dead-end job is over, the welfare system becomes of necessity the source of economic support. She has no choices in deciding on a most favorable job among the opportunities available nor in deciding what source of economic help she should turn to if there is no job. Escape into the regular economy is a big step for her, and instant rehabilitation and training are not easy answers to the oversize problems presented by the complex job market.

Working Women and the Irregular Economy

American women for many years have sustained high rates of participation in the labor force, even those with children at home. The rates for nonwhite women

have been and are particularly high. In 1967, for instance, of all women in the population from 18 to 64 years old, almost half (47.6 percent) were either working or looking for work. Among nonwhite women 56.2 percent between 18 and 64 were in the labor force.[1]

The 27 million women 14 years of age and over who were working in March 1966 included 10 million mothers with children under 18 years of age. Among them 3.8 million had children under 6 years of age and 2.1 million had children under 3 years of age. Furthermore, 34.3 percent of the white and 47.7 percent of the nonwhite mothers were in the labor force.[2] In March 1967, 42 percent of nonwhite and 25 percent of white mothers with children under 6 years of age were working or seeking work.[3]

The working mother who heads a family carries a heavier burden than the mother who is only a secondary wage earner in the family. Furthermore, having a job, even a regular one, is no guarantee to the woman who heads a family that she can earn enough to support herself and her dependents at a minimally adequate level.

Whether family income is sufficient to provide for even a minimum adequate level of living depends on the level and regularity of that income and the number of family members, both children and adults, who must be provided for out of it. But if the sole burden of earning income for the family falls on the marginally skilled woman, her hope for reaching a satisfactory level of living is dim until her income is considerably increased by work training or the income she earns is supplemented with public assistance.

In March 1966, 350,000 working wives had husbands not in the labor force (that is, husbands who were permanently ill or incapacitated or were retired).[4] These wives had to assume as much responsibility for supporting their families as the 5 million women who, as heads of families, were raising children in fatherless homes or were supporting parents or other relatives. In 1965 the median annual income of families headed by women was $3,532; about 42 percent of these families had annual incomes below $3,000; and 27 percent had incomes of less than $2,000.[4] Of all the families headed by a working woman in March 1966, one-fifth (1.1 million) were nonwhite; their median income for the year was $2,600.[4]

The women who do not work are much worse off than those who do. The women who are heads of families and not working are the most severely deprived of all. For example, in 1965 the median annual income for such a woman with one dependent child was $1,800; for such a woman with four or more dependent children, $2,600.[4]

The irregular economy provides only low-end jobs for low-skilled women. Women with little education, skill, and work experience are relegated to the least attractive and poorest paying jobs. Many of them are underemployed; that is, they work only part-time during a day, week, or year because of personal or labor market circumstances or because they lack qualification for jobs commanding good pay, fringe benefits, and stability. Family responsibilities may keep the women who do not work from seeking either intermittent or full-time work.

Poor Jobs, Poor Pay

More than one-third of the 26.9 million women who were employed in 1967 were in low-paying jobs as saleswomen, service workers (including those employed as cooks, kitchen helpers, maids, hospital attendants and aides, practical nurses, waitresses, and laundry workers), laborers, and farm workers.[5] In 1965 the median annual earnings of women who worked full-time the year round in such jobs were only $2,784. For the 2 million women who worked in service in private households the year round, full-time earnings averaged only $1,193.[6] Compared with the jobs available to women in general, nonwhite women are at the greatest disadvantage. Theirs are typically the least skilled, lowest paid, lowest status, and least stable and secure jobs.

In 1967 more than half of all non-

white women workers were employed as domestic workers, other service workers, or farm workers. Many more nonwhite than white women were employed or looking for work. The average unemployment rate in 1967 for nonwhite women, 16 years of age and over, was 9.1 percent; for white women the rate was 4.6 percent.[7]

Furthermore, few women in low-wage, irregular jobs are covered by Social Security regulations, Federal or State minimum wage laws, State unemployment protection, union wage rates, and the like. About 8 million women of the 27 million not covered by Federal and State minimum wage regulations are employed in typically low-wage jobs as laborers, elevator operators, dishwashers and other kitchen helpers, maids, cooks, laundry workers, saleswomen, and other kinds of jobs in small retail and service establishments and on small farms.[4]

The family's income may be inadequate not only because of the kind of job the mother holds but also because she must meet work-related expenses from her earnings. The major expense is probably the cost of child care. Other expenses may include the cost of transportation and work clothes. In fact, a working mother may pay from one-fourth to one-half of her gross wages to make it possible to go to work.[8] The time the mother who does not work can give to careful household management in shopping, meal preparation, and the care of clothing represents possible savings for the family and another economic gain over the working mother who heads a family.

Breakdowns in provisions for child care or the health of the mother seem to be the major reason why mothers drop out of job training as well as employment. Continuity in the availability of the job and in personal and family conditions are equally essential to avoid the pattern of intermittent employment. When continuity is assured on the job and in the home situation, the opportunity for upward mobility and job progression through training are additional incentives for the working mother.

AFDC and Other Needy Mothers

Census-type information on the characteristics of poor people has been creatively used by such analysts as Ornati[9] and Orshansky[10] to describe the poor. The studies of the characteristics of AFDC families most frequently cited are the 1961 characteristics study conducted by the former Bureau of Family Services of the U.S. Department of Health, Education, and Welfare (now part of the Social and Rehabilitation Service)[11] and the Price-Burgess study of AFDC cases closed in 1960.[12]

A number of small pilot studies were also conducted in the early sixties that have provided clinical-type descriptive information on AFDC families such as those reported on by Lagey and Ayres,[13] Gordon,[14] McCabe,[15] and Kronick.[16] The contributions of such studies were limited for technical reasons, but they do provide descriptions of the crisis-type life behavior adopted by AFDC mothers to meet unstable living conditions as they enter and leave public assistance. These studies indicate that, despite poor health and untreated illness in family members, the families studied showed considerable strength in coping with the crises surrounding them. Furthermore, studies of this type show that the mother has few choices open to her when a crisis hits. For instance, how many options for action does a mother have when her husband disappears and she cannot pay the rent without his support payments?

In the early years of this decade, intensive interviews with members of the client group began to supplement the findings from census surveys and the data on characteristics gleaned from case-record reports from social workers. Recently, research that allows for observations of the same family over a long period shows promise of providing information on the changing dynamics in the life situations of AFDC families.

Although current AFDC program statistics and data on characteristics provide gross national descriptions, variations by State are so great that the

average survey taken at any point in time gives the impression that caseloads are static and involve the same families. Yet one-third of the caseloads change in a year, and another group of families with similar characteristics may have moved in and out several times from the population-at-risk that hovers on the boundaries of dependency. Although there are many clues to the nature and degree of mobility in the AFDC caseload, we have no large-scale systematic studies. Recent local interview studies have been the primary source of information on mobility.

Studies Supported by SRS

The intramural research program of the Social and Rehabilitation Service (SRS) now has available findings from three current longitudinal studies of public assistance recipients--made in Baltimore, the San Francisco Bay area, and a "Southern City"[17]--and an unpublished but completed pilot study (the New York-New Jersey pilot survey).[18] These studies have made the staff of SRS keenly aware of the short time in which events occur that affect the situations of AFDC families.

For instance, in two of the studies--those in the Baltimore and the San Francisco Bay area--an unexpected number of changes in case status and family conditions occurred during the 3-month interviewing span. In fact, during the 3 weeks before the interviewers could reach the respondents after they had agreed to take part in the study, 10 percent of accepted cases had been closed. Emergency short-term help was enough to meet the family crisis. Obviously, the closed-case status of this rapid turnover reflects no basic changes in helping a family modify its mode of coping with the next crisis.

The search for reasons to explain the increase in the AFDC caseload is a baffling task. Because the authority of the program prescribes the legal entry into welfare, an analysis of the program, as expected, shows that newly accepted families with the same general characteristics as families already in the program become dependent for the same reasons. Federal or State liberalization of the program increases the scope and opens the door to more needy people. Also, many demonstrations have pointed out that caseloads increase when programs are decentralized and agencies make information about resources and eligibility available to families in need of service. The national trend toward urbanization, whereby families become fragmented and individual members lose the benefits of being part of a family, may constitute a major influence. Why the number of eligible persons is increasing in the United States is a complex sociological-economic question. Before a county welfare administrator could tell why more mothers than ever are knocking at the public assistance door, he would have to have knowledge beyond the statistics on his current program operations. Statistics on agency operations seldom contain answers to questions about external events affecting the program.

In SRS's attempts to develop and stimulate research projects on this aspect of the AFDC program, the New York-New Jersey pilot project provided some interesting leads to researchers. In this study four sample groups of people were drawn for interviewing: rejected AFDC applicants, accepted applicants, continued cases, and closed cases. By the time the interviewers could reach the respondents, case status had changed so much that the four classifications were questionable as categories for analysis. However, closed cases involving mothers who had made the greatest use of welfare also had the highest incidence of on-and-off use. This finding raises new questions about mobility within the high-risk group. Rejected applicants, as expected, used the least amount of service and had been turned down for welfare assistance more frequently than others. Closed cases were funneled back into the general population-at-risk. Families in this group used welfare assistance sporadically. Their histories showed that they had received support from the intermittent employment of at least one adult member and that

their levels of living were higher than those of families who made more nearly continuous use of welfare without employment supplementation.

This particular pilot study provides clues like these: the rejected and accepted AFDC applicants are similar in such characteristics as age, number of children, education, work histories, and health problems, but if the continued AFDC cases could be classified and separated for analysis, those using long-term continuing welfare would likely show differences. Data on this point are too limited for generalization. By far most of the mothers whose cases were closed were intermittent users of welfare, the kind of persons who find their place again in some type of employment--at least for a while.

Another dimension of the sporadic use of welfare as a substitute for loss of income from employment is found in the data about previous acceptance for welfare, length of time on welfare for an episode, and the number of rejections. In the Baltimore study 39 percent of the rejected applicants had previously received welfare, as contrasted with 96 percent of the accepted applicants.[1] The New York-New Jersey study shows that only 1.5 percent of mothers accepted by the program had received no public assistance after the birth of the first child. Although this kind of data introduces the complicated issue of case status change, where emergency help may precede the case action on acceptance for AFDC, the different case actions are nevertheless part of the *same dependency episode*. The complexities of building an index of welfare use or an index of chronicity is a technical problem outside the scope of this analysis.

Frequency of Use

These studies found that slightly over half of the AFDC families had used welfare only once before. The Baltimore study found that 52 percent of accepted applicants had made use of welfare only once before--during a period defined as an emergency that lasted from a few days to almost 3 weeks. The Podell New York City study[19] did not report continuous time on assistance. However, more than half the families first received assistance in 1960 or thereafter. One-third received assistance within the 2 years before the time of the survey. Although data from these studies are fragmentary, evidently at any one time over half the cases in the AFDC caseload had previously used assistance on one or more occasions. The idea once used in Medicare of a "spell of illness" as the period of assistance is relevant in defining the phrase "episode of dependency."

The game of musical chairs continues as mothers with dependent children leave the AFDC program and others of like characteristics take their place. From available clues it can be assumed that the AFDC caseload may have a bimodal distribution, with the long-term users at one end and the intermittent users at the other. The latter group has links with the labor force and tends to have more income over a year than the former whose sole support is public assistance.

Education, previous employment, occupational status, age, number of children, length of residence in the State, and other characteristics may be similar for accepted and rejected cases, but the two groups consistently differ in the degree of disadvantage at the time of application. The mothers whose cases are accepted are more likely to be in worse circumstances than the mothers whose cases are rejected--to be pregnant or ill or suffering from injury; to lack family and neighborhood assistance; to have very young children without neighbors or relatives to care for them; to have been out of work longer; and to be unable to look for work because of recent events in their lives. They have fewer essential appliances, cooking aids, and other basic home furnishings.

The present findings about rejected or denied AFDC cases show that families in both groups suffer from considerable deprivation and that these people are indeed poor, as evidenced by the type of housing,

health care, and clothing they have. Statistics vary, but studies indicate that the conditions of 30 to 50 percent of rejected applicants will deteriorate in 3 to 6 months to a level that meets eligibility requirements for assistance.

Public assistance provides some stabilization for the accepted family, the Baltimore study showed: rent payments changed from a weekly to a monthly basis, the family stayed in one location longer, they purchased household necessities, and they made more purchases on credit.

The question of technical denial of assistance because of residence has frequently been raised by policy makers interested in the effect of such restrictions. One study (Baltimore) showed that 88 percent of the mothers whose cases had been accepted and 86 percent of those whose cases had been rejected had lived in the State 8 years or more (49 percent in cities). Another study (New York-New Jersey) showed that 75 percent of those rejected had lived in the State for more than 5 years and that 41 percent of those who had been accepted and 44 percent of those whose cases had been closed had been born in the State. Thus, the length of residence of recipients and others seeking welfare assistance should compare favorably with that of the total population of the State.

Employment Experience

The generally low occupational status of AFDC mothers is well known to researchers and is confirmed by all studies. Of those mothers reporting previous employment in the 1961 characteristics survey, 54 percent had been service workers; 17 percent, unskilled laborers; and 8 percent, farm laborers. Ten percent were semiskilled, and only 10 percent could be classified as white-collar workers in clerical, sales, or related fields. This is the common pattern for AFDC mothers.

All studies reviewed showed that the average white AFDC mother was less likely to be working and had had fewer years of schooling than the Negro AFDC mother. The older AFDC mother had a longer and more persistent employment history than the younger one. The young woman, of course, had had less time to build up an employment record. But this may have been only one reason for the difference. It could be that the young women coming into AFDC in recent years are not willing or able to develop continuing employment connections in the type of intermittent jobs available to them. At the same time, information on criteria for selection for employment training or rehabilitation programs indicates that young AFDC women are preferred. This raises the question of whether program emphasis should be on employment for mature women with older children or on young women with young children. Child-care problems with the mature woman are usually less acute, yet opportunities for training or rehabilitation are more likely to go to the young woman.

The characteristics survey of AFDC cases active in late 1961 included the mother's employment status at that time. Of all active AFDC mothers considered, 14 percent were employed, including 11 percent of the white and 19 percent of the Negro mothers. This percentage is unnecessarily low for two reasons: the inventory was made in November, a low point of the year for employment, and the data reflect only the employment level at the point of time at which the survey was made rather than over a year. A survey made during the summer months would probably reflect the employment peak, especially in Southern States. A year's cumulative report would also include the mothers who have been in and out of work during that period.

As researchers acquire more information about the employment aspirations and expectations of these mothers, they find that the majority expect and want work. Pregnancy, illness, child-care problems, and the end of a job are the most frequent reasons why their employment is interrupted. Three-fourths of the AFDC applicants in the Baltimore study saw no need for welfare assistance by the end of the first year. Seven in 10 of these women expected to be working

within a year and viewed public assistance as short-term emergency support--to be used only until they could be on their own again.

This same study indicated that 80 percent of all applicants had held full-time employment. The remaining 20 percent included those who had had part-time employment and a few younger mothers who had never been employed. Eight percent of the applicants, though employed, needed supplemental assistance; 30 percent of the rejected applicants had had no employment during the year before application. Six out of 10 mothers accepted said they were not hunting for work because of pregnancy, inability to provide day care for very young children, their own illness or disability, or serious illness in the family. Nine out of 10 of the mothers accepted who had worked full-time had held such jobs before the age of 20.

In the Podell study 80 percent of the mothers had had employment experience, usually before the birth of the first child. But only about half had worked after giving birth. Fifty percent of all mothers had worked 6 years or more.

The American Public Welfare Association Study of AFDC cases closed in 1960 showed that about 26 percent of the white and 41 percent of the Negro children considered were in families where the mothers had worked to some extent while on AFDC.[12] This situation of being employed while "on welfare" is not generally understood by the public because States vary in policies concerning the use of employment to supplement low income grants and in the use of grants to supplement wages from low-paying jobs or underemployment.

The Question of Money Incentives

The policy of considering all of a family's income as available to meet its needs constitutes a 100 percent tax on earnings; that is, the assistance payment is reduced by the amount of the recipient's earnings. Such a policy has ruled out money incentives to seeking employment. In 20 States representing about 25 percent of the national AFDC caseload, the amount of assistance a family may receive is limited by setting maximum payments substantially below the family's need or by meeting only a percentage of the family's deficit determined by the State's budgetary standards.

In these States there is, in effect, a work incentive because income from employment may be used to supplement the assistance payment and to make up the difference between the maximum AFDC monthly payment and the family's total requirements, as defined by the State. For instance, in Florida the total monthly cost standard for an AFDC family of four in January 1967 could have been as much as $196 and the maximum AFDC monthly payment for a family consisting of a mother and three children could have been $78. The difference of $118 could have been met through earnings or other income without a reduction in the amount of the AFDC payment until income exceeded $118. (Effective July 1, 1968, however, Florida is now meeting 65 percent of need in the AFDC program and has discontinued the use of arbitrary maximum amounts in limiting AFDC payments.) Other examples include these: South Carolina, total requirements, $156, and maximum payment for a family of four, $87; Indiana, total requirements, $271, and maximum payment for a family of four, $126; Louisiana, total requirements, $162, and maximum payment for a family of four, $116.[20]

Data from the 1961 characteristics study showed that more AFDC mothers were employed in the States with employment incentives than in States that did not permit earnings to supplement the AFDC payment. To illustrate, the national average of all AFDC mothers employed full- or part-time during the survey month of November or December was 14 percent. In States where limited payments resulted in earnings exemptions, the median proportion of mothers employed was 22 percent (Florida had a high of 44 percent). In only six of the 25 States allowing an earnings exemption was the

proportion of mothers employed below the national average. In contrast, among the States not having this kind of payment limitation, and therefore no earnings incentive, the highest proportion of mothers employed was 13 percent and the median percentage for these States was about 6 percent.

As long as the job opportunities open to these mothers are a part of the irregular economy, episodes of dependency can be expected to occur just as episodes of illness among aged persons can be expected to reoccur in the Medicare program. The objectives of an employment support program would be to reduce the frequency and duration of these episodes in recognition of the interplay between AFDC programs and the irregular job market.

The effectiveness of work training and job development programs may be opened to a different line of evaluative questions. What methods of screening will identify the best potentials in that smaller group of mothers who have underdeveloped talents, who want to work, and for whom a longer term investment is indicated? And if some of these women are to escape from the instability of the marginal employment in the irregular economy, what kind of sequential training and career sequence job tracks would accomplish this objective? Conversely, is anything less worth the cost?

In most Southern States and in others with low assistance grant levels, the 1961 data are apparently out of date because of the increase in the cost of living and the low grant level affecting the ratio of employment of AFDC mothers. For instance, half of the AFDC mothers in Texas are employed. Two generalizations can be drawn from this information: on the one hand, women on AFDC are highly motivated to work when grants are low and earnings exemptions are allowed--demonstrating the value of employment incentives, though questions about minimum wages, child care, or other related aspects remain; on the other hand, States that attempt to meet 100 percent of State standards for minimum family subsistence needs do not have the same high rate of employment of mothers for different reasons. The provision for an earnings exemption in the 1967 Welfare Amendments will act as an incentive to increase family income through employment in States that have not had a money incentive for employment. Obviously, employment incentives such as earnings exemptions for *life survival* have a different meaning from employment incentives for *upward mobility*.

(SRS has plans for a research project that will assess the earned income exemption variations observed by localities with different grant levels and unemployment rates. These plans were developed in response to the 1967 Social Security Amendments on income exemptions for employment incentives.)

The Moral Questions

A research inquiry does not usually pose value or moral questions or attempt to answer such questions. It would not pose such a "value" question as this, for instance: Should every AFDC mother who is able to perform some kind of work be expected to contribute to the economy? Answers to value questions can be found in legislative intent, in policy, and in fiscal priorities. Research can test the consequences of policy and can measure success against objectives. The research questions become more nearly definitive after what is supposed to constitute success is clarified--and the researcher understands whose objectives constitute the goal. Are the objectives to instill work ethics in the AFDC family, to contribute to the economy, to increase family income, or to offer a choice to the mother who is the family head?

It is increasingly clear from research that the burden of the change expected is not entirely with the individual person. Even the motivated person cannot pull himself up by the bootstraps if he has no boots.

An uncomplicated count of the number of AFDC mothers who are working would show that more will be working when

employment income supplements the AFDC grant. But that would be a simplistic conclusion that avoids questions about the effects of other aspects such as availability of employment; the differential effects of race, ethnicity, or culture; State policies rewarding acceptance of employment; variations in levels of AFDC payments; seasonal differences; and responsibility for child care.

This analysis has only briefly taken into account some of the scattered data on the health of AFDC mothers, the health of their children, or their day-care problems. It does point out that marginally skilled women do find employment on their own and have a considerable amount of employment in their backgrounds. Furthermore, episodes of dependency can be expected in about half the women until they can move beyond the irregular economy or marry wage earners, in which case, their wages can supplement their husbands' low wages.

Comments

Although the evidence used in this analysis is fragmentary and from a variety of sources, the findings indicate that a sizable number of AFDC mothers have substantial employment histories and maintain participation in the labor force. The interlacing of the welfare system with the irregular economy appears strong enough to warrant a new look for the next series of research questions and to point toward a different program approach for those women who are in and out of employment.

At the same time no apology need be made about the continuous use of welfare by those mothers who are unable to work or who do not want to leave their children. The point is that a different program emphasis is indicated for the women who are attempting to keep up participation in the labor force. The parameters extend beyond the current composition of the AFDC caseload at any point in time. If the AFDC caseload is to be reduced and if families on AFDC are to become self-supporting, programs proposed to help them should cover those mothers whose cases are closed because they have found employment.

The limited child-care resources available to all poor families headed by women become an issue. If priority is given to the women in job training, what happens to the much larger group of mothers who find employment by their own efforts? When a thousand go out of the welfare system, another thousand, perhaps half of whom have been there before, enter.

Finally, asking questions only about the employment potential of AFDC mothers would result in answers that ignore the other relevant interacting forces.

Other questions seem more important. What is the potential for job development in the work environment open to these women with marginal skill and children to care for? What is the potential for the development of an employment support program that would sustain their participation in the labor force? What is the potential for training programs for selected women that will progressively lead them into the regular economy and thus help them enjoy its stability and other benefits?

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[1] *U.S. Department of Labor, Women's Bureau: Women in the Labor Force, January 31, 1968. (Based on data of the Bureau of Labor Statistics.)*

[2] *U.S. Department of Labor, Wage and Labor Standards Administration: Negro Women in the Population and in the Labor Force, December 1967, Table 16.*

[3] *U.S. Department of Labor: "Women and the Labor Force," Monthly Labor Review, February 1968, p. 10.*

[4] *U.S. Department of Labor, Women's Bureau: Women in Poverty--Jobs and the Need for Jobs, May 1967.*

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Perspectives in Public Welfare: COLONIAL TIMES TO 1860

Part II: Outdoor Relief, Unemployment Relief, Causes of Dependency, and Voluntary Agencies

BLANCHE D. COLL

This historical article continues a description and analysis of important aspects of public assistance in the United States. It is the second in the series "Perspectives in Public Welfare: Colonial Times to 1860." Part I, which discussed rules of eligibility and almshouse care for indigents and dependents, appeared in the November-December 1967 issue of Welfare in Review.

The English Poor Law "reform" of 1834, which signaled an apparent shift away from the Elizabethan Poor Law, had great impact on Americans of the mid-19th century concerned about economic dependency. Many erroneously believed that the English by passing the Poor Law Amendments Act had done away with all so-called outdoor relief, that is, relief outside of almshouses. One of the intentions in providing almshouses in the United States was the proscription of relief to the poor in their homes. Nevertheless, as in England, outdoor relief remained common.[1]

Outdoor Relief in State Policy

The nature and extent of outdoor relief varied from place to place and from time to time. Although no detailed study of public assistance in the Middle West and Western States has been made, their poor laws followed and sometimes copied verbatim the wording used by the older settlements in the East. In the newer States, too, almshouses appeared, and in all likelihood public officials and citizens weighed the arguments for and against indoor and outdoor relief, as was the case in the older Atlantic communities. Thus, in 1832, although the law of Massachusetts was permissive as to the type of aid given, in 38 towns and cities, including Boston, almshouse care was favored. At this time 4,535 persons were in almshouses and 398 individuals and 1,666 families received outdoor relief.[2]

In contrast, during the years 1830-60, figures for New York State show that temporary outdoor relief accounted for 34 to 50 percent of all expenditures for relief, except in New York City, where the percentage was generally less. Maryland, where religious and political leaders were convinced that almshouses were the preferred means of caring for dependent persons, authorized its counties to dispense only from 10 to 20 "pensions"--regular, continuing relief payments.

In 1830 the Virginia House of Dele-

Miss Coll is a historian in the Intramural Research Division, Office of Research, Demonstrations, and Training, Social and Rehabilitation Service.

gates suggested that the county poor farm system be generally adopted, but not to the exclusion of other forms of relief. On the contrary, the House directed that the Overseers of the Poor should have the authority to give outside aid "under particular circumstances" as "humanity itself might require in numberless instances..."[3] South Carolina lawmakers specified that even in localities having almshouses, poor law administrators might find it best to have recipients stay with relatives or friends "according to their peculiar circumstances, and in their sound discretion."[4]

Such views were common among the Southern States, doubtless because the Calvinistic principle of "work hard, don't idle"[5] was less pressing in the Anglican religion and because the Southern landed gentry had developed a strong sense of noblesse oblige. This was in contrast, of course, to New England and New York, where Calvinism underlay many attitudes toward the poor.

Outdoor Relief in Cities

Most seaboard cities attempted to discourage all relief outside of almshouses, but, with the exception of Baltimore, they were unable to prevail against it. Some idea of the size of outlays for outdoor relief in five seaboard cities from 1830 to 1860 is shown in the table. The data for Charleston are in terms of rations (including food, clothing, and fuel) instead of dollars, and the sharp rise in the number of rations distributed between 1850 and 1860 was apparently caused by annexation of suburban areas. In Philadelphia and Baltimore expenditures for outdoor relief reflected local policies rather than population growth. In Boston expenditures for outdoor relief more than doubled between 1850 and 1860. Over that decade the progression of New York City was erratic and reached outlays of $109,000 in 1857 and $140,000 in 1858; the rise presumably reflected in part the consequences of the Panic of 1857.

The Population of and Outdoor Relief Expenditures For Selected Cities, 1830-60[6]

Year	New York	Philadelphia	Baltimore	Boston	Charleston
	(Population in thousands)				
1830	203	80	81	61	30
1840	313	94	102	93	29
1850	516	121	169	137	43
1860	814	566	212	178	41
	(Outdoor relief expenditures in thousands of dollars)				
1830	$16	47	1.8	14	100[a]
1840	28	33	1.3	12	70[a]
1850	76	35	1.3	30	90[a]
1860	89	-	1.0	69	340[a]

[a]Number of rations.

In Philadelphia, during the 1820's, officials blamed the continuation of outdoor relief on the lack of adequate facilities, although Philadelphia's pensions were so small they provided only a minimum subsistence. Such payments over the 10 years that ended in May 1824 totaled $621,000, or about one-third more than the $470,000 aggregate outlay for almshouse care.

Expressing the dominant official view of northern seaboard cities, the Guardians of the Poor of Philadelphia deplored outdoor relief as "calculated in an especial manner to blunt and ultimately destroy that noble pride of Independence, the birth right of every American Citizen on which the very pillars of our Republic, have their Basis--as its consequences are to create a dependence on the bounty of others, rather than excite the laudable ambition of creating resources of our own, it cuts the sinews of Industry and of consequence promotes idleness and not infrequently Crimes, its having become common has made it fashionable...."[7]

These arguments prevailed for a time. In 1828 the Pennsylvania Legislature authorized construction of the large Blockley almshouse. After completion outdoor relief was to be restricted to persons needing only temporary help. Blockley, like many public institutions, was under construction for a long time. In May 1835 the Guardians of the Poor announced that as of July 1, when Blockley was scheduled to be finished, nothing but temporary aid--no further pensions--would be allowed. But 4 years later the Pennsylvania State Legislature gave in to public pressure against such a rule. Outdoor relief for 6 months, renewable for another 6 months, was again permitted.

In 1857 Philadelphia officials did a complete about-face. The mayor expressed his preference for home relief. To send large numbers of persons to the almshouse would, he said, reduce the self-reliance of persons in temporary need. That same year the president of the Board of Guardians of the Poor concluded that practical administration showed that outdoor relief was more humane and less expensive than institutional care.

In Boston, despite the pleas of Mayor Josiah Quincy and other influential citizens in favor of almshouse care, the Overseers of the Poor zealously guarded their right of discretion as to the means of relief.[8] Pensions, temporary grants, and emergency distributions of fuel and cash in the winter were all used to aid the needy. Even so, Boston's expenditures for outdoor relief totaled less than for almshouse care, probably because outdoor grants were less expensive. During the years 1825-60, the average amount of money spent on relief outside the almshouse varied from one-fourth to one-third of the total expenditures for relief. And, during the late 1850's, the proportion spent on outdoor relief rose as high as two-fifths.

In New York City, as in Philadelphia, the Commissioners of the Poor favored the opening of more almshouse facilities to cut down on the number of pensioners. Between 1825 and 1835 the city spent about the same amount yearly as Boston in outdoor relief. As it had a much larger population than Boston, obviously New York followed a less liberal policy. But after the mid-1830's, New York spent more in keeping with its size. Yet the city had only about 1,500 regular recipients of relief in their homes in 1846. For the depression year 1848, relief outside the almshouse rose to $95,000, which was distributed to 44,572 persons--nearly a tenth of the city's population.

Of all the large eastern seaboard cities, Baltimore was the most stringent in granting outdoor relief. During the 1820's this city, then the third largest in the Nation, was spending only about $2,500 a year on pensions, while Boston with a smaller population, spent about $12,000. Baltimore even decreased its expenditures; by 1830 the city spent only $1,800 on pensions. As the table shows, the amount spent by Baltimore for outdoor relief continued to go down during the next 30 years, although the population almost tripled.

Baltimore's deviation may be partly

attributed to the outstanding care offered by the almshouse. Possibly the citizens of that city felt that good institutional care was the best care they could offer the poor--better than dribbles of outdoor relief. Not that Baltimore's almshouse was necessarily unique. On the contrary, it seems reasonable to assume that most if not all of the urban almshouses were institutions of high caliber.

Conditions in rural areas were often shocking. Just before the Civil War began, an investigating Committee of the New York State Senate concluded:

> "It is much to be regretted that our citizens manifest so little interest in the condition even of those in their immediate neighborhood. Individuals who take great interest in human suffering whenever it is brought to their notice, never visit them, and are entirely uninformed, that in a county house almost at their own doors, may be found the lunatic suffering for years in a dark and suffocating cell, in summer, and almost freezing in the winter,--where a score of children are poorly fed, poorly clothed, and quite untaught,--where the poor idiot is half starved and beaten with rods because he is too dull to do his master's bidding,--where the aged mother is lying in perhaps her last sickness, unattended by a physician, and with no one to minister to her wants,--where the lunatic, and that lunatic, too, a *woman* is made to feel the lash in the hands of a brutal underkeeper--yet these are all to be found--*they all exist in our State.* And the committee are quite convinced that to this apparent indifference on the part of the citizens, may be attributed in a great degree, the miserable state to which these houses have fallen; and they would urge upon the benevolent in all parts of the State to look into their condition, and thus assist to make them comfortable abodes for the indigent and the unfortunate."[9]

Although the rise of the almshouse as the preferred method of caring for the destitute was characteristic of this period, several aspects tend to mitigate this generalization. For one, almshouses cared for the medically indigent, persons whom we would not call paupers today, though they were called so by 19th century statisticians. Other kinds of needy persons who are today housed in large numbers in institutions--the mentally ill, the mentally retarded, homeless children--constituted large segments of the people in 19th century almshouses. Administrators complained about the sending of loose women and men from skid row to mingle with the "worthy" indigent. The aged and infirm--many of whom we institutionalize today--aroused sympathy from all but the few who claimed that the indigent aged should have saved for old age or misfortune.

What has tended to becloud the issue further is the recurring references to the able-bodied in literature of the 19th century--references that read as if the able-bodied made up the majority of persons in almshouses. Another and probably the most persistent misunderstanding about the importance of almshouses has been the tendency to understate the extent of relief given outside them. Although statistics are incomplete as to the relative amounts of assistance given through each form of care, there is no question but that public outdoor relief was seldom completely abandoned even for short periods of time (see table).

Characteristics of Outdoor Relief

Outdoor relief might be temporary or it might be regular--in the form of a pension. It cannot be stated with certainty that New York City's categories of pensioners were typical, but probably they did represent a general application of this form of aid. The categories were widows with young children, aged and infirm persons whose relatives were able to provide shelter but no other form of subsistence, and sick or otherwise incapacitated breadwinners and their de-

pendents. Another common form of outdoor aid was the regular provision of a very small pension given with the understanding that it be supplemented in one way or another, either by the recipient's own labor, by assistance from relatives or friends, or by voluntary charity.

Some additional voluntary charity came by way of the publicly sponsored annual winter collection for the relief of the poor. Mayors and city councils would regularly issue a call at the onset of winter for contributions to a poor fund. Often such funds became quite large.

But charitable grants, whether public or voluntary, whether given in the form of a pension or to meet a temporary emergency, were invariably at the subsistence level. In large cities payment was likely to be in money. But in rural areas, where most people lived at this time, grants were often given in the form of fuel, clothing, or food. And in the South, even a city like Charleston gave rations.

The idea behind niggardly grants and relief in kind rather than cash was akin to the supposed deterrent effect of the almshouse. Men were assumed to be goaded to work only by fear of want: to give an adequate relief allowance would supposedly discourage industry.

Unemployment Relief

During the period under study, the United States suffered two major economic depressions: 1815-21 and 1837-43. In addition, several short-lived financial "panics" occurred, including the Panics of 1847 and 1857.

During such economic upheavals the normal channels for relief of distress, both public and voluntary, were strained to the breaking point. Able-bodied unemployed independent workmen--too proud to ask for charity--inevitably clamored for work. They formed citizen committees and marched to the mayor's office demanding a hearing. Great numbers gathered at hastily called outdoor meetings. Fighting and other violence occurred, despite the police. Looting was common. In New York City in 1837, for instance, a mob attacked two flour warehouses and carried away hundreds of barrels of flour. Such outbreaks occurred during each economic crisis during the 19th century in all large cities.

Classical laissez-faire economics held that interference with normal market operations (supply and demand) would threaten if not overturn the ecomomic system. But political considerations, tempered with humanitarian feelings, called for the provision of public work for the "honest" unemployed. Sometimes such work was made available but never on a scale large enough to take care of all of those suddenly thrown out of work.

Other kinds of emergency measures were more common. Soup kitchens sprang up everywhere. Newspapers conducted campaigns to raise money, to collect used clothing, to create a bread fund. The winter collection call was intensified and sometimes repeated. However, drives for funds tended to be less successful in periods of depression or financial panic because, of course, almost everyone from the affluent down to the steady workman felt the economic squeeze.

Causes of Pauperism

Despite low wages, the ups and downs of the business cycle, and other debilitating facts of life by which the 19th century poor were victimized, "pauperism"--as dependence on public assistance in whatever form and however temporary was commonly called--was almost universally deemed a result of moral defect. Such moral failures were expounded not only in public reports, but also by certain voluntary agencies. Thus, in 1818 the newly founded New York Society for the Prevention of Pauperism listed the following as causes of dependency: ignorance; idleness; intemperance (the foremost); want of economy; imprudent and hasty marriages; lotteries; pawnbrokers; houses of ill fame; and the numerous charitable institutions. It

thought that relief-giving itself, either public or voluntary, had a particularly harmful effect on the poor:

> "Is not the partial and temporary good which they accomplish, how acute soever the miseries they relieve, and whatever the number they may rescue from sufferings or death, more than counter-balanced, by the evils that flow from the expectations they necessarily excite; by the relaxation of industry, which such a display of benevolence tends to produce; by that reliance upon charitable aid, in case of unfavourable times, which must unavoidably tend to diminish, in the minds of the labouring classes, that wholesome anxiety to provide for the wants of a distant day, which alone can save them from a state of absolute dependence, and from becoming a burden to the community?"[10]

However, this Society did not remain altogether blind to the effects of economic conditions. Impressed by the hardships caused by the current economic depression, the Society included "want of employment" as a cause of pauperism in its report for 1821.

If intemperance were the "cause of causes" as many writers emphasized after making informal estimates and various "statistical" counts in almshouses, it was no wonder. Americans did at that time consume large quantities of hard liquor; it was even common to pay wages partly in alcohol.

Moreover, the rich seemed unable to understand why the poor could not save for a rainy day. To the prosperous the indigent seemed improvident and extravagant. Again, the prosperous could not understand why young men married before they could afford it, only when hard times struck, to desert their families. Even while conceding that times were hard in 1820-21, the New York Society for the Prevention of Pauperism insisted that this was an unusual occurrence. Workmen who were temperate, frugal, and willing to work would not suffer or become paupers for want of employment.

Although the demand for labor in the new nation was usually so high as to render this statement plausible, the Society overlooked certain aspects which made for temporary unemployment. The lowest paid workers--unskilled laborers in shipbuilding and general construction work, for example--were usually unemployed during the winter.

According to calculations made in 1833 by Matthew Carey, a Philadelphia pamphleteer and economist, the wages of a canal construction worker were too low to support a family, even if employment were steady throughout the year. Carey found, by using the most economical budget for a family of four, that a deficit of about $30 (1967 prices, $103) a year would exist between wages and minimum needs. He declared that the earnings of women shirtmakers were even less adequate for subsistence. Moreover, some trades were subject to changes of fashion, hence unemployment resulted when styles changed. Other trades were over-supplied with workers. Carey concluded with a vigorous defense of relief, both public and voluntary:

> "It follows, of course, that the poor rates, the aid of benevolent societies, &c., far from producing the pernicious effects ascribed to them are imperiously necessary, and that without them, numbers would...actually perish of want, or would have recourse to mendicity; and mendicants impose a far heavier tax on a community than the same number of paupers supported by poor rates."[11]

All who commented on the subject of dependency made some bow in the direction of the "deserving" or "worthy" poor--those overtaken by misfortune, sickness, or other adversity; those physically unable to work; widows; and the helpless aged. The fact is that these groups accounted for most of the dependents. Yet those who caviled at the poor

laws and at voluntary charities inevitably wrote as if those so handicapped made up a small minority and that most paupers were able-bodied. Carey, in an attempt to show such conclusions false, listed the ages of those in receipt of pensions in Philadelphia in the early 1830's. Of 549 persons out of a population of about 80,500, 390 were over 60 years of age; six were over 100, Fifty of these persons were blind, and 406 were widows.

Public Relief or Voluntary Charity

Taking an opposite view from Carey, many argued in the vein of the English Poor Law "reformers." Although careful to allow for "extreme cases," the logic of their argument led them to recommend the abolition of all public assistance, as well as a great diminution of voluntary charity. They held that the poor laws infringed on property rights in that the industrious were being taxed to support the idle. The "wage fund" theory--the supposed existence of a certain fixed sum to be spent on wages--was invoked. Logically, then, money to support the pauper was wages withheld from some industrious worker. The entire capital of the community having been decreased by the poor rates, a general lowering of wages resulted. This being the case, all poor laws should be scrapped, leaving but a few needy persons to be helped by voluntary charity.

Opponents of public assistance saw great danger in recipients regarding relief as a "right," rather than as a gift for which they should feel gratitude. Furthermore, only voluntary charity had the desirable characteristics of precariousness and uncertainty. In their opinion, the recipient of voluntary charity was not a "pauper." Properly speaking, he was a charitable object. Voluntary charity, according to the New York Association for Improving the Condition of the Poor, "bridges over the terrible gulf of pauperism, which sweeps downward with such tremendous force, that few who are down therein, are afterwards recovered."

Those defending public assistance argued that the very precariousness of voluntary charity counted against it as the sole recourse for the needy. Furthermore, the community at large had a responsibility to its dependent citizens. Public charity was equitable: the needy, having given to the community in the past, should be able to expect assistance in time of trouble. With an antirent war going on in New York State from 1839 to 1846, with Baltimore capturing and recapturing the title of Mob Town from frequent looting and burning and general "shooting off," and with staid Boston reeling from the Irish "invasion," it was no wonder that some also favored the poor laws because of their stabilizing effect upon society.

Leading Voluntary Agencies

When proponents of voluntary charity spoke, they often had in mind the benevolence of churches or other groups operating on a small scale. In the 1840's, however, each of a number of major cities followed New York's lead in establishing a comprehensive relief-giving agency, an Association for Improving the Condition of the Poor (AICP). Like the Societies for the Prevention of Pauperism, the AICP's were founded in the wake of an economic depression and were a middle-class, Protestant movement. To describe the philosophy and methods of the New York agency is to describe all of them.[12]

The visitors to the poor--all volunteers and all men--were admonished to learn the causes that had brought the needy person to destitution. They were told:

> "You will become an important instrument of good to your suffering fellow-creatures when you aid them to attain this good from resources within themselves. To effect this, show them the true origin of their sufferings, when these sufferings are the result of improvidence, extravagance, idleness, intemperance, or other moral causes which are within their own control; and endeavor...to

awaken their self-respect, to direct their exertions, and to strengthen their capacities for self-support... Avoid all appearance of harshness, and every manifestation of an obtrusive and censorious spirit. Study to carry into your work a mind as discriminating and judicious as it is kindly disposed."[13]

The visitor was instructed to vary methods according to the cause that had brought the poor to indigence. The first group were those who had arrived at this deplorable state through "unavoidable causes." Provided the visitor met "with industry, frugality, and self-respect, and a preference for self-denial to dependence upon alms" on the part of such persons, he was to guard against his charities becoming a means of "undermining one right principle, or of enfeebling one well-directed impulse...." Alms were not to be considered the chief means of encouragement for such persons. Rather, "sympathizing counsel which reenkindles hope, and that expression of respect for character" were to be employed. Often, it was averred, this sort of approach to the deserving poor would "save them from pauperism."[14]

A more stringent approach was called for when the visitor was dealing with persons in the second category--those who had become destitute through their "own improvidence and vices." The association admonished the volunteer in the following words:

> "The evils of improvidence can never be diminished, except by removing the cause; and this can only be done by elevating the moral character of the poor, and by teaching them to depend upon themselves... Let it be your endeavor...to instruct them; to encourage deposits in savings banks for rent, fuel and winter supplies... The rule is, *that the willingly dependent upon alms should not live so comfortably with them as the humblest independent labourer without them.*"[15]

Like the leaders of the Societies for the Prevention of Pauperism, leaders of the AICP movement asserted that intemperance was the most common cause of pauperism. They counseled the visitor as a general rule to withhold alms from the drunkard, but, if the family were in dire need, to grant aid, but not "beyond the demands of urgent necessity." The visitor should try to save the drunkard, but in any case should never abandon his interest in the children's welfare.

In regard to the third class of dependents--those able but unwilling to work and professional beggars--the Scriptural rule "if any will not work, neither should he eat" was to be strictly applied. This meant, in fact, let the incorrigible be cared for out of public funds for the AICP could not as a society founded on Christain principles countenance literal starvation.

Although moral preachments formed the cornerstone of the AICP's philosophy, these societies also engaged in some limited social reforms. The New York association recognized quickly that until the filth and overcrowding of the slums were cleared up, nothing much could be done in the way of overcoming alcoholism, promiscuity, and neglect of children. The Association therefore became active in housing reform, first trying to interest capital investment, and when that failed, building a model tenement itself. The AICP was also instrumental in the passage of a law requiring the arrest and detention of vagrant children, established a juvenile asylum, and campaigned long and hard for a pure milk law. As one of the first agencies to collect statistics of the survey type, the AICP's work served as a forerunner of the social research usually associated with the Progressive Era of the early 20th century.

Apparently, the New York AICP was a success if measured by its own strict standards of eligibility for outdoor relief. Its expenditures for this purpose can be roughly measured and compared to those made from public funds. Between 1845 and 1857 annual receipts and expenditures of the voluntary agency averaged $30,000.

To be sure, administrative costs had to be paid out of this amount, but as the visitors were volunteers, such expenses were minimal. The number of families receiving assistance from the agency during those dozen years averaged 6,500. However, public expenditures for outdoor relief by the City of New York over this same period averaged $85,600--almost three times as much as those of the AICP.

Conclusions

The English Poor Law, as well as official and unofficial surveys and reports that led to its "reform" in 1834, provided the philosophical base for and reinforced such eligibility rules as residence requirements and relatives' responsibility. Such rules, originally laid down by the Tudor monarchs for a rural population at a time when it seemed desirable to curb mobility, gained strength from American feelings of localism and pervasive efforts to keep expenditures at a minimum. That often more was spent in litigation than was saved did not seem to matter.

During this period the almshouse was extolled as the best means of caring for the destitute, albeit some influential citizens and scholars were at pains to condemn it. Numbers of benevolent citizens took pride in the fact that their community was apparently taking good care of its dependents. Given the circumstances of the people the almshouses served, and given the fact that urban almshouses were to a large extent free hospitals extending good medical care, these 19th century communities *were* making admirable provision for their "worthy" and even their "unworthy" poor.

However, in rural areas the almshouse was likely to be bad, and sometimes scandalously bad: some poor farmer and his wife trying to manage some pitiful old sick people and cast-off children in a run-down farm house. Often no physician was in attendance. Even where structures, staff, and medical care were somewhat better, as would appear to have been the case in the more prosperous townships and counties, there was likely to be overcrowding and rapid deterioration of facilities, conditions that resulted in the demoralization of staff and dependents.

The idea that almshouses should completely supplant all other forms of public aid, although often advanced, was almost always rejected. Public officials recognized that outdoor relief was often more suitable than referral to the almshouse. The result was a significant amount of public relief as well as voluntary aid to maintain indigent persons in their own homes.

Many of those commenting on economic dependency made a sharp distinction between widows and orphans, the aged and infirm, and able-bodied men and women. It is, perhaps, difficult to understand why the critics of public assistance assumed that a large majority of dependents were able-bodied shirkers in the face of statistical and social evidence to the contrary. The fact is that the able-bodied accounted for a very small minority of public assistance recipients.

It is risky, however, to take the polemics at their face value. When misfortune struck the workingman during the various economic depressions and financial panics that occurred during this period, the most affluent citizens quickly responded to appeals to aid the unemployed. Whether their response was evoked by the virtue of charity or by the human instinct of fear of rioting and looting cannot be determined. Probably both emotions were operating. Certainly, a kind of commonsense justice played its part both for and against the destitute: "He has worked in the past and contributed to all of us; he couldn't save much." Or "I have worked hard to get where I am. Why should I give to support drunkards and loafers?"

Two facts remain to be emphasized: outdoor relief, either in kind or by money payment, usually won out over the hues and cries leveled against it; poor relief under public administration always did.

Citations

Complete citations are given to all direct quotations and to certain other statements. The manuscript copy in the Intramural Research Division, Office of Research, Demonstrations, and Training, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, is fully documented.

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13. New York Association for Improving the Condition of the Poor, *First Annual Report* (1845), Visitor's Manual, pp. 26-27.

14. Ibid., p. 27.

15. Ibid., pp. 27-28.

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Leo F. Solt, "Puritanism, Capitalism, Democracy, and the New Science," *American Historical Review*, October 1967, pp. 18-29.

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BOOK NOTE

Attitudes Toward Family Planning*

The reports on eight sociological studies of family planning contained in this volume provide a good deal of important new information in this field. All were originally master's theses or doctoral dissertations carried out in the Department of Sociology at the University of Chicago. All were sponsored by the university's Community and Family Study Center, and all were conducted under the supervision of Donald Bogue, director of the Center and editor of the volume here reviewed. *Sociological Contributions to Family Planning Research* is the first volume of a series of reports the Center plans to issue that will summarize the findings of a comprehensive program of research on and experience with family planning, launched in 1962 by Dr. Bogue and his associates.

Three of the studies were concerned with the attitudes of white persons, Negroes, or both in Chicago toward family planning and ideal family size. Three studies were designed to evaluate the effects of various kinds of family planning programs; another compared the content of over 300 publications in the field of family planning from 35 countries and pointed out the cultural differences and similarities; and another asked questions about attitudes toward family planning of persons in a rural section of Thailand.

The Highlights

The findings of these studies are too rich, too varied, and too complex to report on in detail here. But some of the highlights should be of particular interest to persons working in public welfare and related fields; these are summarized below. A large part of this research reaffirms the findings of other studies,[1] but

*Sociological Contributions to Family Planning Research, Donald J. Bogue, ed. Community and Family Study Center, University of Chicago, Chicago, Ill. 1967, 408 pp., $5.

these reports add important new insights. For example:

• As other studies have shown, most low-income families, both white and Negro, said they favored family planning and generally expressed a desire for small families, but Negroes had far more difficulty than white persons in using contraceptives effectively.[2] [3] [4] The chief reasons for the difficulty, as expressed by the respondents themselves, were "carelessness" and willingness to "take a chance" on the part of both husbands and wives.

• The same three studies found that, contrary to general opinion, low-income men, both white and Negro, as well as women, approved of family planning and that wives rarely associated failure to effectively follow a plan with the objections of husbands.[3] [4]

• One study found, based on interviews conducted in 1959 and 1960 in Chicago, that Negro women on the average said they wanted fewer children than white women. This was true at all age, income, occupational, and educational levels.[4] However, as other research has shown, Negro women had less expectation than white women that they could keep their families small. This was especially true of Negro women with less than high school education. This study also found that among white women with little education, the younger and older women differed in the ideal family size they said they held--the younger generally said they wanted the smaller family. The study further indicated that, contrary to general belief, women who had migrated to Chicago from rural areas expressed preference for small families to the same extent as long-time residents of the city.

Almost none of the women said it was desirable to have no children or only one child, and the majority of them said they preferred families of three or four children. Moreover, the study found that women who were single, married, divorced, widowed, or separated from their husbands had similar attitudes. About one-quarter of the women included were under age 35, and this study is one of the few that have inquired into the attitudes of single women toward family planning.

• One study[3] included in the volume contains probably the only published social research report that particularly centers on "male" respondents in the United States. This comprehensive study will be of special interest to practitioners, administrators, and researchers in the field of family planning. It is based on a small, random sample of Negro husbands and their wives living in a low-income, blighted area of Chicago (residents of housing projects were not included, nor were recipients of Aid to Families with Dependent Children). It covered a wide range of topics, including marital history, sex behavior, use of contraceptives, levels of aspiration, background characteristics, and knowledge of and attitudes toward family planning. Among the many findings of this study, the following are particularly striking:

1. The men represented in the sample expressed preference for small families (three children was usually their ideal).

2. They recognized the importance of small, planned families to their economic well-being, the health of their wives, and the educational attainments of their children.

3. Most had attitudes favorable to family planning, especially those who showed good understanding of contraceptive methods.

4. Over three-fourths said they wanted to know more about family planning, first by having a nurse visit their homes and second through group meetings of husbands and wives. Young, low-income couples with large families particularly said they wanted to learn more about contraceptives. The men clearly indicated that they believed that family planning was the province of men as well as women and that they were eager to take part in educational programs. The wives in this sample, on the average, were considerably better informed than their husbands concerning contraceptives, and many husbands said they had acquired most of their information from their wives.

5. Effective birth control practices were most likely to prevail when both the husband and the wife were well-informed on the subject. In fact, the effective use of contraceptives was more strongly associated with a husband's being well-informed on the subject than a wife's.

6. The husbands who were found to be shy and modest about sex usually had less knowledge about contraceptives than other men and were less likely to adopt sound family-planning methods.

7. The contraceptive methods most favored by these men were the condom, diaphragm and jelly, and the pill (at the time of the study, oral contraceptives and interuterine devices were not in wide use).

8. Lack of sound knowledge as to the comparative reliability of the various contraceptive methods and inconsistent use of methods, plus the willingness to take a chance, were the leading reasons found for contraceptive failure.

9. The tested attitudes of most of the men showed that they favored taking active steps to control their destinies as far as family planning went rather than leaving the matter to luck.

10. The researcher who conducted this study concludes in his report that the findings provide strong evidence of the need for educational programs for men, as well as women, in family planning and education.

• Three studies in the volume confirm earlier findings showing an association between knowledge of contraceptives and their effective use and level of education and employment status: those with the most education and the highest employment status usually had the most knowledge and used contraceptives the most effectively. However, these studies also indicated that over half the men and women in a sample of low-income Negroes, both rural and urban, used family planning services effectively when services were readily available to them.[5 6 3]

• One of the reports, an evaluation of an experimental project in disseminating family planning information in Chicago through an ingenious chain-post-card system, offers several major conclusions regarding methods by which such information is most likely to be spread.[7]

As for passing information from person to person, the study found that the major tendency was for persons of like social status, age, marital status, and family size to exchange information, although there was some tendency for persons up and down the line to discuss the subject with each other. The women who were the most influential in spreading information on the subject tended to know the most about family planning and to be those who were most readily accessible to others, both psychologically and physically. They also tended to be mature women with small families. Many had no husbands at home and, presumably for that reason, had more time and greater motivation to interact with other persons.

Both men and women learned about family planning from a wide variety of sources, including the mass media and other persons. Both sources were found to be useful, particularly the person-to-person approach.

The major program-related findings of this study confirm earlier observations to the effect that neighborhood, nonprofessional workers can be highly effective as communicators on family planning, that the training of such persons for the job is essential, that person-to-person communication is important and that certain kinds of persons (warm, outgoing, helpful) tend to be very effective at this task. Family planning programs in various parts of the country--and in other countries--are already employing communicators of this kind.

General Comments

This volume should prove to be of major significance to both social scientists interested in research related to family planning and program workers carrying out the activities of family planning programs. From the viewpoint of research, these reports are rich in findings that social researchers will want to study at

length and to test in other settings. They also provide many clues to aspects needing further investigation, in both basic and program research.

To some extent, most of these studies are out of date because they were carried out before the loop and the pill were in widespread use. From the viewpoint of research methodology, however, the researcher will find a wealth of stimulation in a careful examination of the methods of research design and analysis employed in the studies.

However, the reliability of the findings could be questioned. For instance, indications from other researchers working in family planning and related fields strongly suggest that interview responses are likely to be biased by such aspects as fear, desire to please, and lack of understanding on the part of respondents. This is especially likely to be true for interviews with low-income members of minority groups. A need to test the reliability of responses to questionnaires is strongly indicated.

The validity of responses also remains open to question. In general, the degree of association between attitudes expressed and actual behavior persists as a knotty research--and real life--problem. For example, what is the correlation between attitudes toward family planning and effective, consistent family planning behavior? This question, among others, awaits specific, careful, long-range research.

The study of low-income Negro men reported on in this volume has particular significance from the program point of view.[3] These findings clearly support the advisability of including men in programs of family planning and sex education as well as in medical consultations regarding contraceptives. Such services are often directed only to women. Although the reliability and validity of these findings may not prove high, they do indicate a definite need for such activities. The effectiveness of such activities might well be tested as an evaluative component of the entire program operation.

CATHERINE S. CHILMAN
Chief, Research Utilization and Development Branch
Intramural Research Division

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[1]*For an overview and analysis of previous social and psychological research related to family planning, see "Poverty and Family Planning," by Catherine S. Chilman, Welfare in Review, April 1967 (reprints available), and "Population Dynamics and Poverty in the United States: Implications for Family Planning Programs," by Catherine S. Chilman, Welfare in Review, June-July 1966 (reprints available).*

[2]*Chapter I, "A Comparison of Negro and White Fertility Attitudes," by Annie O. Blair, pp. 1-35.*

[3]*Chapter VI, "Correlates of Males' Attitudes Toward Family Planning," by B. D. Misra, pp. 161-271.*

[4]*Chapter II, "Socio-economic Correlates of Attitudes Toward Family Size," by Elvira Mendoza, pp. 36-70.*

[5]*Chapter IV, "A Pilot Study of the Success or Failure of Low-Income Negro Families in the Use of Birth Control," by Phyllis Champion, pp. 112-28.*

[6]*Chapter V, "Fertility Control in the Rural South: A Pretest," by Sidney Kronus, pp. 129-60.*

[7]*Chapter VII, "The Chicago Snowball: A Study of the Flow of Influence and Diffusion of Family Planning Information," by James Palmore, pp. 272-362.*

Editor's Note: For current information about the subject of family planning, see the May 1968 issue of the Journal of Marriage and the Family. Given entirely to the subjects of family planning and fertility control, this special issue was edited by Dr. William Liu of the University of Notre Dame and Dr. Chilman. (Obtain copies from the National Council on Family Relations, 1219 University Avenue, SE., Minneapolis, Minn. 55414. They are $3.50 each.)

The Cooperative Research and Demonstration Grants Program

A Report for Fiscal Year 1968

On June 30, 1968, the Cooperative Research and Demonstration Grants Program, now administered by the Social and Rehabilitation Service in cooperation with the Social Security Administration, completed its seventh year. In fiscal year 1968--that is, between July 1, 1967, and June 30, 1968--28 projects were completed; 43 have been carried over into or were begun in fiscal year 1969.

The following tables list the projects completed during fiscal year 1968 and those active in fiscal year 1969. The "estimated date of completion" on table 2 is the date on which the grant expires, not the date on which a final report is due the supporting agency. Organizations conducting the research have 3 months after the grant ends to submit a final report; in some instances reports are overdue. Requests for final reports or for additional information on projects should be directed to the project director at the sponsoring institution.

The Cooperative Research and Demonstration Grants Program makes grants to public and private nonprofit institutions and organizations to conduct research on problems of economic dependency, the coordination of private and public social welfare and social security programs, and other issues related to the programs authorized by the Social Security Act. In addition, contracts are executed with profit-making as well as with nonprofit organizations.

Forms and instructions for submitting applications for grants under the program may be obtained from the Cooperative Research and Demonstration Grants Branch, Office of Research, Demonstrations, and Training, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, Washington, D.C. 20201.

This material was prepared in the Cooperative Research and Demonstration Grants Branch, Office of Research, Demonstrations, and Training, Social and Rehabilitation Service.

TABLE 1. COOPERATIVE RESEARCH AND DEMONSTRATION GRANTS PROGRAM PROJECTS COMPLETED IN FISCAL YEAR 1968

Supporting agency	Project number	Title	Grantee and project director
SSA	132	Effect of Income on Expenditure for Use of Health Services	University of Chicago Margaret Reid
SRS	151	A Longitudinal Study of the Effects of Pre-Retirement Education on the Adjustment in Retirement of Hourly Rated Workers	University of Michigan Woodrow Hunter

TABLE 1. PROJECTS COMPLETED IN FISCAL YEAR 1968--Continued

Supporting agency	Project number	Title	Grantee and project director
SSA	164	Employment Opportunities of Negro and White Youth	Columbia University Bernard Levenson
Joint	171	Modes of Withdrawals from Active Occupational Roles by Farmers, Small Town Merchants, Professionals, and Factory Workers 50 and Older in Iowa	Iowa State University Jon Doerflinger
SRS	185	Experimental Study of Case-work Methods and Procedures	Community Service Society (New York City) Ann Shyne
SRS	230	The Impact of Public Welfare Policies and Operations on Family Organization	University of California (Berkeley) Scott Briar
SRS	243	Lower Class Attitudes Toward "Deviant" Actions	Merrill-Palmer Institute (Detroit) Hyman Rodman
SRS	260	Professionalization of Social Welfare Occupations	University of Michigan Henry J. Meyer
SSA	266	Changing Patterns of Income at Retirement from the Labor Force	University of Wisconsin Martin David
SRS	268	Multi-Agency Integration and Change	Western Reserve University Eleanor Caplan
SRS	271	County Supplementation of Federal-State Public Assistance Programs in Florida	Florida State University Albert L. Sturm
SRS	280	Application of the Theory of Compliance to Social Work Administration	Columbia University Amitai Etzioni
SSA	284	Economic Effects on Internal Migration	West Virginia University Betty G. Fishman
SSA	288	Inquiry into the Extent of Funding Under Private Pension Plans	University of Pennsylvania Dan McGill
SSA	289	Social Insurance, the Public, and Social Change	National Opinion Research Center University of Chicago (Contract) Norman Bradburn

TABLE 1. PROJECTS COMPLETED IN FISCAL YEAR 1968--Continued

Supporting agency	Project number	Title	Grantee and project director
SSA	292	Age Differences in Work Experience	Columbia University Arnold Katz
Joint	308	Factors Involved in the Identification of Poverty in a Rural Area	University of North Dakota Ronald L. Johnson
Joint	345	Validation Study of Response of Low-Income People to Research Interviews	Columbia University Allen H. Barton
SRS	351	An Analysis of the Socio-Economic Structure of an All-Negro City	University of Missouri John E. Kramer, Jr.
SRS	367	Survey of Undergraduate Programs, Students, and Faculty in Social Welfare	Council on Social Work Education Arnulf M. Pins
SRS	398	To Develop Methodology to Study Delivery of Health Services to Low-Income Families	University of Pittsburgh (Contract) Ray Elling
SRS	399	Organization: Virginia Department of Welfare and Institutions	University of Richmond Thomas C. Sanders
SSA	402	Alternative Social Security Financing	University of Oregon Richard W. Lindholm
SSA	403	Direct Tax Burdens on the Poor and on the Elderly	University of California (Los Angeles) Yung-Ping Chen
SRS	404	Experimental City Project	University of Minnesota (Contract) Walter K. Vivrett
SSA	408	An Analysis of Costs in Short-Term General Hospitals	Harvard University Ralph E. Berry, Jr.
SRS	417	Professionalization of Social Work Students	Case Western Reserve University Irving Rosow
SRS	426	Task Order Number Two Under DHEW-Brookings Master Agreement	The Brookings Institution (Contract) Rashi Fein

*SSA: Social Security Administration; SRS: Social and Rehabilitation Service; Joint: both agencies.

TABLE 2. COOPERATIVE RESEARCH AND DEMONSTRATION GRANTS PROGRAM CURRENT PROJECTS, JUNE 30, 1968

Supporting agency	Project number	Title	Grantee and project director	Estimated date of completion
SRS	175	Research and Demonstration Project on Protective Services for Older People	Benjamin Rose Institute (Cleveland) Margaret Blenkner	11-30-68
SRS	181	Alternative Deployment of Public Assistance and Trained Casework Personnel	City University of New York Lawrence Podell	8-31-68
SRS	190	Research-Action on Prevention of Family Disorganization	Rutgers, The State University Ludwig Geismar	8-31-69
SSA	277	Study of Decision Making on Early Retirement	University of Michigan James Morgan	10-31-69
Joint	283	Family Planning and Birth Control Among Poverty-Level Negro Females	Bowman Gray School of Medicine (Wake Forest College) Clark E. Vincent	8-31-69
SRS	294	Primary Ties Among the Economically Depressed	Harvard Medical School Robert S. Weiss	8-31-69
SSA	300	Economic Costs of Long-Term Care in Various Health Institutions	University of Southern California Donald E. Yett	10-31-68
SSA	309	Economic and Demographic Factors Associated with Retirement of Men from U.S. Labor Force	Columbia University A. J. Jaffe	11-30-68
Joint	312	Family Size, Child-Spacing, and Socio-Economic Status	University of Michigan Ronald Freedman	5-31-69
Joint	314	Effects of Ability, Family Background, and Education on Earnings and Careers	University of Wisconsin William Sewell	8-31-69
SRS	331	Cost-Benefit Analysis of Bernalillo County AFDC Work Experience Project	University of New Mexico (Contract) Paul Therkildsen	1-31-69

TABLE 2. CURRENT PROJECTS, JUNE 30, 1968--Continued

Supporting agency	Project number	Title	Grantee and project director	Estimated date of completion
Joint	332	Standards for the Audit of Medical Services	Yale University Isidore S. Falk	12-31-68
SRS	348	Behavior and Personality of Mothers in Welfare AFDC Families	New York University Thomas Langner	10-31-69
SRS	352	Assessing Social Agency Effectiveness	Case Western Reserve University Herman D. Stein	8-31-68
SRS	356	Uniform Code of Family Law--Preparation of Outline and Background for Model Law	American Bar Center (Chicago) Allison Dunham	9-30-69
SRS	360	Illegitimacy: Measurement and Analysis	Vanderbilt University Phillips Cutright	5-31-69
Joint	362	Time Horizons Evidenced in Family Spending Patterns	Cornell University Gwen J. Bymers	10-31-68
SRS	365	Public Guardians and Public Services in California	University of California (Berkeley) Maurine McKeany	5-31-69
SRS	371	Social Mobility, Maternal Practices, and School Achievement of Negro and White Children	Institute for Juvenile Research (Chicago) Zena Blau	7-31-70
SRS	377	Retention of Social Service Workers	City University of New York Lawrence Podell	10-31-68
SRS	378	Achievement-Motivation in Welfare Youth	Arizona State University Edmund V. Mech	1-31-70
Joint	380	Impact of Medicaid and Medicare on Former Welfare Clients	Mount Sinai School of Medicine (New York City) Margaret Olendzki	5-31-71
SSA	384	Ideas on Economic Security in America	Goshen College (Indiana) Theron Schlabach	6-30-69

TABLE 2. CURRENT PROJECTS, JUNE 30, 1968--Continued

Supporting agency	Project number	Title	Grantee and project director	Estimated date of completion
SRS	390	The Multi-Service Center: Its Operations and Clientele	Brandeis University Wyatt C. Jones	5-31-69
SSA	391	Mobility Profiles of Workers, 1959-63	Cornell University George Hildebrand	6-30-69
SRS	405	National AFDC Study	Bureau of Social Science Research (Washington, D.C.) (Contract) Leonard Goodman	2-28-69
SRS	406	Development of Design for Study of Use of Title XIX	Columbia University (Contract) Milton Maloney	3-31-70
SRS	413	Lower-Class Men's Attitudes Toward "Deviant" Behavior	Merrill-Palmer Institute (Detroit) Hyman Rodman	12-31-69
SRS	414	Evaluation of the Mississippi Combined Title V-1115 Project	Mississippi State University Kenneth P. Wilkinson	6-30-69
Joint	418	Automation of Vendor Drug Claims	University of Mississippi Mickey C. Smith	11-30-69
SRS	421	The National Child Labor Committee, 1904-1954	University of Wisconsin Walter I. Trattner	8-31-69
SRS	425	Research Program in Social Welfare	University of Michigan Robert D. Vinter	4-30-70
SRS	430	Self-Help Program for One-Parent Households	Associates for Research (Philadelphia) Abraham Wolf	4-30-70
SRS	434	Utilization of In-Patient Services by the Elderly	Mt. Sinai School of Medicine (New York City) Helen Rehr	12-31-68
SRS	435	Parental Experiences of Unwed Mothers Whose First Child Is Near School Age	Community Council of Greater New York (City) Mignon Sauber	2-28-69

TABLE 2. CURRENT PROJECTS, JUNE 30, 1968--Continued

Supporting agency	Project number	Title	Grantee and project director	Estimated date of completion
SRS	436	The Urban Negro American	University of Chicago Jack Meltzer	4-30-71
SSA	441	Effects of Coinsurance on Medical Care Utilization	Palto Alto (Calif.) Medical Research Foundation Anne Scitovsky	8-31-69
SSA	449	Benefits-to-Risks Ratio in Drug Choice by Physicians	The Ohio State University Deanne Knapp	5-31-70
SSA	457	Efficiency in the Production of Hospital Services	Harvard University Ralph Berry	5-31-71
SSA	463	Tax Policy and Children's Allowances	University of Michigan Harvey Brazer	8-15-68
SRS	464	Cleveland (Ohio) Student Health Project	Case Western Reserve University Israel Weisberg	12-31-68
SSA	467	A Proposed Study of Drug Utilization	University of Southern California (Contract) Robert F. Maronde	8-30-68
SRS	478	Impact of Title XIX on Community Health Services	University of Pittsburgh (Contract) Edward A. Suchman	12-31-70

*SSA: Social Security Administration; SRS: Social and Rehabilitation Service; Joint: both agencies.

New Publications

U.S. Government

Publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on orders of 100 or more). Payment must accompany order. Single copies of publications for which no prices are listed are available from the issuing agency.

Social and Rehabilitation Service

Analyzing delinquent behavior: a new approach, by John M. Martin and others. 1968, 20 pp. (JD-77).

A community mental health approach to drug addiction, by Richard Brotman and Alfred Freedman. 1968, 137 pp. (JD-9005).

Education and training for criminal justice: a directory of programs in universities and agencies (1965-1967), by Herman Piven and Abraham Alcabes. 1968, 126 pp., 70 cents (JD-78).

Multiservice programs for pregnant school girls, by Marion Howard. 1968, 47 pp. (Children's Bureau).

Post-institutional services for delinquent youth, by Raymond L. Manella. 1967, 50 pp., 25 cents (CB 455-1967).

Young people who smoke: a report of a conference and some guidelines for youth leaders, National Consultation of Youth Leaders on the Health Hazards of Smoking. 1967, 23 pp., 15 cents (CB 457-1967).

Non-Government

Inquiries and orders should be directed to the publisher or issuing agency.

The achieving ghetto, by Eugene P. Foley. National Press Co., Washington, D.C. 20002. 1968, 156 pp., $4.95.

The American city: a sourcebook of urban imagery, Anselm L. Strauss, ed. Aldine Publishing Co., Chicago, Ill. 60606. 1968, 530 pp., $8.95.

American sociology: perspectives, problems, methods, Talcott Parsons, ed. Basic Books, Inc., New York, N.Y. 10016. 1967, 136 pp., $4.95.

The changing village community, by Joel M. Halpern. Prentice-Hall, Inc., Englewood Cliffs, N.J. 07632. 1967, 136 pp., $4.95.

Children and their parents--towards maturity, by Suzanne Strait Fremon. Harper and Row, New York, N.Y. 10016. 1968, 205 pp., $5.95.

The community's children--long-term substitute care: a guide for the intelligent layman, by Jessie Parfit. Humanities Press, New York, N.Y. 10010. 1967, 108 pp., $2.75.

Comparative perspectives on social change, S. N. Eisenstadt, ed. Little, Brown, Boston, Mass. 02106. 1968, 279 pp., $6.95.

Decision-making in poverty programs: case studies from youth-work agencies, by Melvin Herman and Michael Munk. Columbia University Press, New York, N.Y. 10027. 1968, 181 pp., $7.50.

Dialogue on poverty, by Paul Jacobs and others. Bobbs-Merrill, Indianapolis, Ind. 46206. 1967, 136 pp., $1.25.

The economic basis of American civilization, by Shepard B. Clough and Theodore F. Marburg. Crowell, New York, N.Y. 10003. 1968, 350 pp., $8.95.

Encouraging community development: a training guide for local workers, by William W. Biddle and Loureide J. Biddle. Holt, New York, N.Y. 10017. 1968, 224 pp., $3.50.

Ethics, politics, and social research, Gideon Sjoberg, ed. Schenkman, Cambridge, Mass., 02138. 1967, 358 pp., $8.95.

The forgotten neighborhood: site of an early skirmish in the War on Poverty, by Ludwig L. Geismar and Jane Krisberg. Scarecrow Press, Metuchen, N.J. 08840. 1967, 393 pp., $9.

Foster home care: facts and fallacies, by Rosemary Dinnage and M. L. Kellmer Pringle. Humanities Press, New York, N.Y. 10010. 1967, 268 pp., $5.50. (Reviews research in the United States, Western Europe, Israel, and Great Britain.)

The goal of full employment, by Robert Aaron Gordon. John Wiley & Sons, New York, N.Y. 10016. 1967, 204 pp., $6.95.

A Great Society? Bertram M. Gross, ed. Basic Books, Inc., New York, N.Y. 10016. 1968, 362 pp., $8.50.

Guiding your child from 2 to 5, by Molly Mason Jones. Harcourt, New York, N.Y. 10017. 1967, 366 pp., $8.75.

Inequality and poverty, Edward C. Budd, ed. Norton, New York, N.Y. 10003. 1967, 217 pp., $6.

Madness in society: chapters in the historical sociology of mental illness, by George Rosen. University of Chicago, Chicago, Ill. 60637. 1968, 337 pp., $5.95.

Maintenance therapy for the geriatric patient, Jacob L. Rudd and Reuben J. Margolin, eds. Charles C. Thomas Publishers, Springfield, Ill. 62703. 1968, 295 pp., $9.75.

Manpower agenda for America, by Eli Ginzberg. McGraw-Hill, New York, 10036. 1968, 250 pp., $8.95.

Manpower development in Appalachia: an approach to unemployment, Frederick A. Zeller and Robert W. Miller, eds. Praeger, New York, N.Y. 10003. 1968, 270 pp., $2.50.

Manpower strategy for the metropolis, by Eli Ginzberg and the Conservation of Human Resources Staff, Columbia University. Columbia University Press, New York, N.Y. 10027. 1968, 493 pp., $10.

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The new Indians, by Stan Steiner. Harper and Row, New York, N.Y. 10016. 1968, 348 pp., $7.95.

The non-direct approach in group and community work, by L. R. Batten. Oxford University Press, London. 1967, 148 pp., $2.90.

Normal adolescence: its dynamics and impact, Group for the Advancement of Psychiatry, Committee on Adolescence. Scribner's Sons, New York, N.Y. 10017. 1968, 127 pp., $3.95.

The opening door, by Florence L. Sanville. Franklin Publishing Co., Philadelphia, Pa. 19103. 1967, 189 pp., $3.95. (Describes the background of current social advances.)

Parents on trial: why kids go wrong--or right, by David R. Wilkerson and Claire Cox. Hawthorn Books, New York, N.Y. 10011. 1967, 188 pp., $4.95.

Patterns of social functioning in families with marital and parent-child problems, by David Gerson. University of Toronto Press, Toronto 5, Ontario, Canada. 1967, 297 pp., $7.50.

The politics of poverty, by John C. Donovan. Pegasus Books, New York, N.Y. 10011. 1967, 157 pp., $1.45. (Analyzes the War on Poverty.)

Poverty: views from the left, Jeremy Larner and Irving Howe, eds. William Morrow and Co., New York, N.Y. 10016. 1968, 319 pp., $5.

Preliminary statement on social work services for children in their own homes, Child Welfare League of America, 44 E. 23d St., New York, N.Y. 10010. 1968, 75 pp. Single copies free.

Protective services for children: a public social welfare responsibility, by Harold E. Simmons. General Welfare Publications, Sacramento, Calif. 95819. 1968, 163 pp., $2.95.

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Roads to maturity, Canadian Conference on Children (proceedings). University of Toronto Press, Toronto 5, Ontario, Canada. 1967, 146 pp., $5.95.

Selected problems of adolescence, with special emphasis on group formation, by Helene Deutsch. International Universities Press, New York, N.Y. 10011. 1967, 134 pp., $4.

Sex in the adolescent years: new directions in guiding and teaching youth, by Isadore Rubin and Lester A. Kirkendall, eds. Association Press, New York, N.Y. 10007. 1968, 223 pp., $4.95.

Social theory and social intervention, Herman D. Stein, ed. Press of Case Western Reserve University, Cleveland, Ohio 44106. 1968, 187 pp., $5.95.

The sociology of small groups, by Theodore M. Mills. Prentice-Hall, Englewood Cliffs, N.J. 07632. 1967, 136 pp., $4.50.

Standards of child health care, American Academy of Pediatrics, Council on Pediatric Practice. Evanston, Ill. 60204. 1967, 143 pp., $2.

Teen-age drinking, by Margaret Bacon and Mary Brush Jones. Crowell, New York, N.Y. 10003. 1968, 228 pp., $5.95.

Toward a democratic left: a radical program for a new majority, by Michael Harrington. Macmillan, New York, N.Y. 10011. 1968, 314 pp., $5.95.

Urban development: its implications for social welfare, proceedings of the XIIIth International Conference on Social Welfare, Columbia University Press, New York, N.Y. 10027. 1967, 462 pp., $8.50.

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Program and Operating Statistics

Public Assistance in February and March 1968

February

Persons receiving maintenance payments under public assistance programs numbered more than 9 million in February 1968--an increase of 56,000 over January. The increase occurred primarily because of the rise of 82,800, or 1.5 percent, in the number of recipients of aid to families with dependent children. The combined January and February increases in number of recipients of aid to families with dependent children amounted to 208,000, or 3.9 percent. In the unemployed-parent segment of the program, the increase in the number of recipients for February was 21,700, or 5.2 percent, and the total increase for the first 2 months of 1968 was 70,000, or 18.9 percent.

A sizable decrease in the number of recipients of old-age assistance, 10,100, or 0.5 percent, reflected declines in 48 States. The increases in cash benefits under the old-age, survivors, disability and health insurance program (OASDHI), effective for February and paid early in March, undoubtedly contributed to the decrease. Part of the decrease, however, reflects the seasonal rise in death rates among aged persons during the winter. In February the number of recipients of aid to permanently and totally disabled rose 3,600, or 0.6 percent, and the number receiving aid to the blind decreased slightly.

Total expenditures for assistance, including vendor payments for medical care, were $742.4 million--a decline of $17.1 million from the January 1968 total. A decrease of $25.5 million in the amount paid to medical vendors under New York's title XIX program was largely responsible for the drop. For money payments the largest change--an increase of $1.8 million--occurred in aid to families with dependent children. Money payments rose $139,000 in aid to permanently and totally disabled persons, but decreased in other programs: by $855,000 in old-age assistance, by $340,000 in general assistance, and by $69,000 in aid to the blind.

The average money payment per recipient declined 60 cents in aid under the program for the permanently and totally disabled and by smaller amounts in the other programs. For general assistance the average payment per recipient rose 50 cents. A few States reported substantial changes in average payments for one or more programs. In North Dakota average payments increased $9 in old-age assistance and $5 in aid to the permanently and totally disabled, mainly because of the inclusion of allowances for 1968 real estate taxes in February payments.

Table 1. Amount of public assistance payments in the United States, by month, February 1967-February 1968[1]

Year and month	Total	Money payments 2/ (In thousands)							Medical vendor payments 3/ (In thousands)					
		Total	Federally aided programs					General assistance 5/	Total	Federally aided programs				General assistance 5/
			Total	Old-age assistance 4/	Aid to the blind 4/	Aid to the permanently and totally disabled 4/	Aid to families with dependent children			Total	Medical assistance 6/	Medical assistance for the aged 4/	Other	
	Amount of assistance													
1967														
February	$569,477	$389,490	$364,324	$140,204	$7,212	$44,670	$175,237	$25,166	$179,987	$174,451	$144,526	$5,082	$24,864	$5,515
March	620,274	400,931	374,008	140,758	7,242	45,433	180,575	26,923	219,343	213,891	186,450	5,027	22,414	5,452
April	632,602	401,623	375,808	140,406	7,242	46,024	182,136	25,815	230,979	225,417	197,895	5,033	22,489	5,562
May	625,671	402,533	377,840	140,858	7,255	46,691	183,036	25,693	222,138	217,023	188,743	5,018	23,262	5,115
June	635,454	405,494	379,649	140,563	7,255	47,254	184,577	25,845	229,960	224,697	196,721	4,649	23,327	5,263
July	629,752	408,221	382,390	141,668	7,295	47,951	185,476	25,831	221,531	217,203	190,454	6,472	20,277	4,328
August	679,318	416,861	389,058	142,132	7,348	49,057	190,521	27,803	262,457	257,309	232,030	5,023	20,256	5,148
September	673,212	423,302	394,979	141,645	7,365	49,610	196,359	28,323	249,910	245,205	223,794	5,173	16,238	4,706
October	704,775	432,314	403,457	143,640	7,400	50,575	201,845	28,857	272,461	267,259	248,896	5,013	14,333	4,217
November	717,552	436,589	407,046	144,585	7,406	51,124	203,931	29,543	280,963	276,384	258,077	5,151	13,156	4,579
December	713,495	445,510	414,689	145,425	7,474	52,054	209,736	30,821	267,985	263,296	244,796	4,920	13,580	4,688
1968														
January	759,553	454,644	422,009	145,603	7,505	52,689	216,212	32,635	304,908	300,834	281,651	5,508	13,675	4,075
February	742,426	455,272	422,977	144,748	7,436	52,828	217,965	32,295	287,154	282,153	262,849	5,460	13,844	5,001
	Percentage change from preceding month													
1967														
February	+0.1	(7/)	(8/)	(7/)	-0.1	+1.2	-0.4	+1.1	+0.3	+0.2	-2.6	-2.4	+21.1	+4.6
March	+8.9	+2.9	+2.7	+.4	+.4	+1.7	+.4	+7.0	+22.6	+22.1	+29.0	-1.1	-9.8	-1.1
April	+2.0	+.2	+.5	-.2	0	+1.3	+.9	-4.1	+5.3	+5.4	+6.1	+.1	+.3	+2.0
May	-1.1	+.5	+.5	+.3	+.2	+1.4	+.5	-.5	-3.9	-3.7	-4.6	-.3	+3.4	-8.0
June	+1.6	+.5	+.5	-.2	0	+1.2	+.8	+.6	+3.5	+3.5	+4.2	-7.4	+.3	+2.9
July	-.9	+.7	+.7	+.8	+.5	+1.5	+.5	-.1	-3.7	-3.3	-3.2	+39.2	-13.1	-17.8
August	+7.9	+2.1	+1.7	+.3	+.7	+2.3	+2.7	+7.6	+18.5	+18.2	+21.8	-22.4	-.1	+18.9
September	-.9	+1.5	+1.5	-.3	+.2	+1.1	+3.1	+1.9	-4.8	-4.7	-3.5	+3.0	-19.8	-8.6
October	+4.7	+2.1	+2.1	+1.4	+.5	+1.9	+2.8	+1.9	+9.0	+9.0	+11.2	-3.1	-11.7	-10.4
November	+1.8	+1.0	+.9	+.7	+.1	+1.1	+1.0	+2.4	+3.1	+3.4	+3.7	+2.8	-8.2	+8.6
December	-.6	+2.0	+1.9	+.6	+.9	+1.8	+2.8	+4.3	-4.6	-4.7	-5.1	-4.5	+3.2	+2.4
1968														
January	+6.5	+2.0	+1.8	+.1	+.4	+1.2	+3.1	+5.9	+13.8	+14.3	+15.1	+12.0	+.7	-13.1
February	-2.3	+.1	+.2	-.6	-.9	+.3	+.8	-1.0	-5.8	-6.2	-6.7	-.9	+1.2	+22.7
	Percentage change from same month of preceding year													
1968														
February	+30.4	+16.9	+16.1	+3.2	+3.1	+18.3	+24.4	+28.5	+59.5	+61.7	+81.9	+7.4	-44.3	-9.3

1/ All data subject to revision.
2/ Includes nonmedical vendor payments.
3/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provisions of medical services.
4/ Represents data for recipients of the specified types of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Partly estimated. Does not include Idaho, Indiana, Kentucky, and Nebraska for all months, Puerto Rico beginning May 1967, and Nevada beginning January 1968; data not available. Percentage changes based on comparable data.
6/ Program initiated January 1966 under Public Law 89-97. Data incomplete.
7/ Decrease of less than 0.05 percent.
8/ Increase of less than 0.05 percent.

Table 2. Number of recipients of public assistance money payments in the United States, by month, February 1967-February 1968[1]

Table 2. Number of recipients of public assistance money payments in the United States, by month, February 1967-February 1968[1]

Year and month	Federally aided programs								General assistance 2/	
	Total	Adult programs				Aid to families with dependent children				
		Total	Old-age assistance 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Families	Total recipients 4/	Children	Cases	Recipients
	Number of recipients (In thousands)									
1967										
February	7,559	2,742	2,066	83.3	592	1,160	4,817	3,630	313	704
March	7,652	2,747	2,066	83.3	597	1,180	4,906	3,692	324	720
April	7,695	2,750	2,064	83.1	602	1,193	4,945	3,720	317	687
May	7,730	2,758	2,066	83.1	609	1,202	4,973	3,739	314	675
June	7,740	2,763	2,065	83.0	615	1,208	4,977	3,744	310	664
July	7,742	2,764	2,062	82.8	618	1,212	4,978	3,745	313	678
August	7,834	2,776	2,068	82.9	625	1,232	5,058	3,803	332	726
September	7,879	2,777	2,065	82.8	629	1,244	5,102	3,838	333	729
October	7,937	2,788	2,070	82.8	636	1,258	5,148	3,871	335	735
November	8,004	2,797	2,074	82.8	640	1,273	5,207	3,907	342	758
December	8,111	2,802	2,073	82.6	646	1,297	5,309	3,986	352	782
1968										
January	8,238	2,804	2,070	82.5	651	1,326	5,434	4,074	365	817
February	8,313	2,796	2,060	82.3	654	1,345	5,517	4,129	363	798
	Percentage change from preceding month									
1967										
February	+0.9	0	-0.1	-0.3	+0.4	+1.3	+1.5	+1.3	+0.4	+1.4
March	+1.2	+.2	0	0	+.9	+1.7	+1.8	+1.7	+3.3	+2.9
April	+.6	+.1	-.1	-.2	+.8	+1.2	+.9	+.9	-1.9	-4.7
May	+.5	+.3	+.1	-.1	+1.1	+.8	+.5	+.5	-1.1	-1.7
June	+.1	+.1	(5/)	-.1	+.9	+.5	+.1	+.1	-1.2	-1.7
July	(6/)	(6/)	-.1	-.2	+.6	+.3	(6/)	+.1	+.7	+2.2
August	+1.2	+.4	+.3	+.1	+1.1	+1.7	+1.6	+1.5	+6.2	+7.0
September	+.6	(6/)	-.1	-.2	+.7	+1.0	+.9	+.9	+.4	+.5
October	+.7	+.4	+.2	0	+1.0	+1.1	+.9	+.9	+.7	+.8
November	+.8	+.3	+.2	0	+.7	+1.2	+1.1	+.9	+1.9	+3.1
December	+1.3	+.2	-.1	-.2	+.8	+1.9	+2.0	+2.0	+3.0	+3.2
1968										
January	+1.6	+.1	-.1	-.2	+.7	+2.2	+2.4	+2.2	+3.7	+4.5
February	+.9	-.3	-.5	-.3	+.6	+1.5	+1.5	+1.4	-.3	-2.3
	Percentage change from same month of preceding year									
1968										
February	+10.0	+2.0	-0.3	-1.1	+10.4	+15.9	+14.5	+13.7	+16.5	+13.8

1/ All data subject to revision.
2/ Partly estimated. Does not include Idaho, Indiana, Kentucky, and Nebraska for all months, Puerto Rico beginning May 1967, and Nevada beginning January 1968; data not available. Percentage changes based on comparable data.
3/ Represents data for recipients of the specified types of assistance under separate State programs, and under State programs for the aged, blind, or disabled, or for such aid and medical assistance for the aged.
4/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
5/ Decrease of less than 0.05 percent.
6/ Increase of less than 0.05 percent.

Table 3. Old-age assistance: Recipients and payments to recipients, by State February 1968[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	January 1968 in--		February 1967 in--	
				Number	Amount	Number	Amount
Total 2/	2,060,000	$144,748,000	$70.25	-0.5	-0.6	-0.3	+3.2
Ala.	114,000	7,190,000	62.90	-.2	-.4	+1.6	+5.5
Alaska 3/	1,400	115,000	79.40	+.6	+2.1	+4.6	+16.7
Ariz.	12,700	719,000	56.50	-.5	+4.9	-1.4	-2.0
Ark. 3/	63,500	3,827,000	60.20	-1.4	-1.0	+.4	+.3
Calif.	292,000	30,800,000	105.50	-.4	-.3	+2.1	+5.9
Colo. 2/	40,300	3,249,000	80.70	-.4	-.6	-2.4	-4.4
Conn.	7,300	590,000	80.30	+.3	-.5	+22.1	+39.5
Del.	1,800	118,000	64.75	-.1	+.5	+8.3	+10.2
D. C.	2,300	174,000	76.60	-.5	+3.7	+3.2	+13.3
Fla. 3/	73,400	3,667,000	49.95	-.6	-.7	-6.8	-5.2
Ga. 3/	91,300	4,771,000	52.25	-1.0	-.5	-2.8	+6.9
Guam 4/	200	10,500	53.05	---	---	---	---
Hawaii 3/	1,800	149,000	81.35	-.3	+2.1	+12.8	+16.7
Idaho	3,600	244,000	67.15	-.6	-1.1	-5.2	-1.7
Ill. 3/	39,000	2,489,000	63.85	-.4	-1.4	-1.7	-1.2
Ind.	18,300	911,000	49.80	-4.6	-.9	-2.4	+4.2
Iowa	24,000	2,479,000	103.10	-1.3	-2.1	-.3	+83.5
Kans. 3/	16,900	1,468,000	87.00	-1.4	-.7	-3.8	+4.6
Ky. 3/	61,100	3,441,000	56.30	-.3	-.4	+2.7	+3.4
La.	124,000	9,105,000	73.35	-.3	-.3	(5/)	-.1
Maine 3/	10,200	549,000	53.60	-.2	+.2	+2.2	-1.8
Md. 3/	7,900	485,000	61.35	-.4	-.7	-1.4	+5.9
Mass.	48,800	3,947,000	80.85	-.3	-1.1	-2.0	-.7
Mich.	39,400	2,717,000	68.90	-.7	-1.2	-.9	+1.8
Minn.	25,100	1,656,000	65.85	-.6	-.4	-8.7	+2.3
Miss.	75,300	2,880,000	38.25	-.6	-.9	+1.7	+.1
Mo.	93,200	6,675,000	71.60	-.8	-1.2	+3.5	+8.7
Mont.	3,900	251,000	64.75	-.9	-1.0	-3.9	-2.2
Nebr. 3/	8,600	501,000	58.20	-.5	-1.9	-20.7	-2.8
Nev.	2,600	189,000	73.85	+.2	+1.4	+5.0	+3.1
N. H.	4,200	450,000	108.05	-.2	-.9	-.7	+8.4
N. J.	14,200	1,076,000	75.90	-.3	-.2	+4.0	+8.0
N. Mex. 3/	9,700	553,000	56.75	-.2	-.4	+4.1	+2.0
N. Y.	75,000	7,014,000	93.60	+.1	-2.6	+11.2	+26.8
N. C.	39,200	2,527,000	64.45	-.6	-.1	-.7	+7.0
N. Dak. 3/	4,200	384,000	91.90	-1.7	+9.3	-6.0	-2.1
Ohio	64,200	4,142,000	64.45	-1.1	-1.1	-12.4	-28.8
Okla. 3/	79,700	5,888,000	73.85	+.2	(5/)	-1.2	-3.0
Oreg.	9,300	556,000	59.80	-.1	-.7	-17.0	-2.4
Pa.	44,400	3,313,000	74.60	-.3	-.9	+1.4	+1.2
P. R. 3/	22,800	210,000	9.20	-1.0	-.2	-10.0	-4.1
R. I. 3/	4,300	267,000	61.50	-1.0	-1.0	-7.7	-.5
S. C.	21,900	979,000	44.60	-.3	-.3	-1.8	+5.5
S. Dak.	5,100	331,000	65.30	-.6	-1.3	-6.6	-1.3
Tenn.	50,600	2,624,000	51.90	-.1	-.3	+9.9	+6.4
Tex.	230,000	14,138,000	61.45	-.1	-.5	+.6	+.2
Utah	4,400	253,000	57.50	-.8	-.9	-6.5	-6.2
Vt. 3/	4,300	309,000	72.40	-.8	-.3	+1.4	+13.7
V. I.	380	14,600	38.00	-1.3	-.8	-4.7	-4.8
Va.	11,200	628,000	55.90	-.5	-.4	+1.0	+5.6
Wash.	25,600	1,750,000	68.20	-.8	-.6	-4.4	-3.2
W. Va.	11,800	714,000	60.35	-.3	+1.4	-6.9	+23.6
Wis.	16,700	1,093,000	65.60	-.5	+.9	-6.3	+7.3
Wyo.	2,100	167,000	78.70	-.8	-2.0	-6.9	+4.9

1/ All data subject to revision.
2/ Includes 3,700 recipients aged 60-64 in Colorado and payments of $340,000 to these recipients. Such payments were made without Federal participation.
3/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
4/ December data; January and February data not reported.
5/ Increase of less than 0.05 percent.

Table 4. Aid to the blind: Recipients and payments to recipients, by State, February 1968[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	January 1968 in--		February 1967 in--	
				Number	Amount	Number	Amount
Total 2/ 3/.....	82,300	$7,436,000	$90.35	-0.3	-0.9	-1.1	+3.1
Ala.....	1,900	133,000	70.65	+.3	+.6	+3.3	+4.3
Alaska 4/.....	94	9,500	101.15	(5/)	(5/)	-9.6	+9.6
Ariz.....	670	47,200	70.90	-.7	-.8	-8.5	-8.0
Ark. 4/.....	1,900	135,000	71.15	-1.4	-.9	-.9	-.8
Calif. 2/.....	12,500	1,704,000	136.00	-.4	-2.4	+.6	+3.8
Colo.....	210	14,500	69.00	0	-2.0	-7.5	-11.6
Conn.....	260	21,400	83.40	-1.9	-3.1	-2.3	+2.3
Del.....	350	31,100	89.25	-1.4	+.1	+8.7	+18.0
D. C.....	180	16,200	89.00	-3.7	-3.1	-7.1	-3.9
Fla. 4/.....	2,500	159,000	63.95	-.3	-.2	-4.5	-2.8
Ga. 4/.....	3,200	196,000	62.00	+.2	+.2	+.2	+8.4
Guam 6/.....	6	290	(5/)	---	---	---	---
Hawaii 4/.....	74	7,500	101.10	(5/)	(5/)	(5/)	(5/)
Idaho.....	110	8,500	78.15	-.9	-1.4	-4.4	-1.7
Ill. 4/.....	1,800	151,000	81.70	-.2	+.3	-5.0	+2.3
Ind.....	1,500	99,300	64.60	+1.1	(7/)	-.8	-.2
Iowa.....	1,000	112,000	107.30	-1.5	-3.0	+.1	+15.7
Kans. 4/.....	410	36,400	89.10	-.5	-1.3	-1.0	-1.2
Ky. 4/.....	2,600	183,000	70.45	+.1	+.3	+4.5	+4.9
La.....	2,500	196,000	77.40	-.1	-.3	-.3	+1.9
Maine 4/.....	220	16,100	73.65	-.9	-.8	-4.4	-6.9
Md. 4/.....	350	29,300	83.85	+.3	+.7	+2.0	+16.0
Mass.....	2,400	290,000	120.70	-.2	-1.3	+7.8	+15.5
Mich.....	1,500	126,000	86.85	-.7	+.2	-1.0	+7.7
Minn.....	820	67,000	81.25	+.4	+.8	-2.4	+8.4
Miss.....	2,400	109,000	45.45	-.3	-.6	-1.7	-2.9
Mo. 2/.....	3,900	336,000	86.55	-.6	-.3	-4.2	+3.6
Mont.....	180	13,900	79.10	0	+.2	-6.9	-3.4
Nebr. 4/.....	360	29,600	82.90	-1.1	-1.8	-22.9	-1.1
Nev.....	160	14,100	90.50	-.6	-.4	-3.1	-12.1
N. H.....	240	25,400	107.40	-2.9	-2.2	-3.7	-1.1
N. J.....	900	80,700	90.20	-.1	+1.1	-.2	+3.6
N. Mex. 4/.....	370	27,900	75.55	+.3	+.4	+4.8	+8.1
N. Y. 4/.....	3,200	365,000	112.55	+1.4	-1.4	+5.3	+17.9
N. C.....	4,700	361,000	77.05	-.2	+.9	+.9	+6.7
N. Dak. 4/.....	82	7,500	91.50	(5/)	(5/)	(5/)	(5/)
Ohio.....	2,900	211,000	73.35	-.8	+.1	-3.9	-8.7
Okla. 4/.....	1,500	157,000	103.40	+.3	-.3	-1.4	-3.4
Oreg.....	500	45,300	90.35	-2.1	-1.3	+4.6	+6.9
Pa. 3/.....	9,700	1,057,000	109.15	-.3	-1.1	-3.0	-2.4
P. R. 4/.....	850	8,000	9.30	-.8	+.1	-25.4	-20.8
R. I. 4/.....	120	9,400	79.50	-.8	+.1	+7.3	+13.9
S. C.....	1,900	113,000	58.70	+.1	+.2	+2.5	+8.5
S. Dak.....	110	9,700	90.15	-1.8	-1.0	-3.6	+8.4
Tenn.....	1,800	123,000	67.90	-.3	-.6	-1.9	+.2
Tex.....	4,200	312,000	74.05	(7/)	-.3	-1.1	-1.2
Utah.....	140	8,800	64.50	0	+.6	-5.6	-4.0
Vt. 4/.....	110	9,300	85.60	-.9	-.6	+2.8	+20.7
V. I.....	9	400	(5/)	(5/)	(5/)	(5/)	(5/)
Va.....	1,100	82,500	74.65	+.3	+.1	+.2	+6.9
Wash.....	490	42,600	86.50	-.6	-.2	-4.6	+3.0
W. Va.....	620	35,000	56.40	-.3	+.5	-11.9	+6.5
Wis.....	590	49,800	84.95	-2.2	+.6	-5.9	+8.5
Wyo.....	45	3,700	(5/)	(5/)	(5/)	(5/)	(5/)

1/ All data subject to revision.
2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $26,800 to 160 recipients and Missouri, $48,300 to 540 recipients.
3/ Does not include $567,000 to an estimated, 7,600 recipients under State blind pension program in Pennsylvania administered under State Law without Federal participation.
4/ Represents aid to the blind under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
6/ Data for December; January and February data not reported.
7/ Decrease of less than 0.05 percent.

Table 5. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, February 1968[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	January 1968 in--		February 1967 in--	
				Number	Amount	Number	Amount
Total.....	654,000	$52,828,000	$80.75	+0.6	+0.3	+10.4	+18.3
Ala.....	15,700	786,000	50.00	+.2	+.3	+4.0	+14.8
Alaska 2/.....	440	41,800	95.60	+5.0	+7.5	+32.0	+66.7
Ariz.....	6,000	399,000	66.25	+.2	+.3	+22.5	+22.8
Ark. 2/.....	11,500	734,000	63.90	-.5	-.7	+6.6	+5.6
Calif.....	120,000	14,276,000	118.80	+.2	-.5	+20.4	+26.1
Colo.....	7,100	459,000	64.80	(3/)	+.3	+3.9	+4.6
Conn.....	5,000	486,000	97.10	+1.0	+1.7	-9.0	+8.3
Del.....	1,000	97,000	93.40	+.6	+1.3	+46.2	+51.4
D. C.....	4,200	367,000	87.30	+1.6	+1.7	+13.7	+15.3
Fla. 2/.....	20,700	1,260,000	60.95	-.8	-.8	-.6	+1.3
Ga. 2/.....	29,100	1,765,000	60.70	+.6	+.5	+4.6	+14.0
Guam 4/.....	41	2,300	(5/)	---	---	---	---
Hawaii 2/.....	1,500	164,000	106.65	+2.1	+1.7	+16.6	+18.8
Idaho.....	2,600	197,000	74.35	+.9	+.5	+5.2	+13.2
Ill. 2/.....	32,200	2,692,000	83.50	+.7	+1.3	+7.0	+15.3
Ind.....	2,900	144,000	49.25	+2.5	+3.0	+42.1	+50.4
Iowa.....	2,200	284,000	128.80	+.1	+.5	+25.0	+149.7
Kans. 2/.....	5,700	643,000	113.40	-.5	-.1	+6.2	+12.5
Ky. 2/.....	14,800	1,043,000	70.60	+.6	+.6	+13.4	+15.0
La.....	22,600	1,197,000	53.05	-.1	+.4	+3.8	+7.1
Maine 2/.....	2,600	191,000	75.00	-1.4	-.9	+11.5	+12.2
Md. 2/.....	12,300	956,000	77.45	+1.9	+1.9	+31.9	+40.0
Mass.....	14,500	1,344,000	93.00	+1.0	+1.3	+11.7	+20.3
Mich.....	18,600	1,581,000	85.10	+1.6	+1.9	+22.5	+33.9
Minn.....	8,200	652,000	79.55	+.4	+1.1	+22.6	+38.2
Miss.....	22,100	1,003,000	45.45	-.2	-.5	+5.1	+5.7
Mo.....	17,000	1,277,000	75.15	+.2	-.1	+4.7	+8.2
Mont.....	1,500	116,000	77.25	+.1	+.6	+8.7	+10.1
Nebr. 2/.....	3,300	230,000	69.25	-.7	+.7	+7.2	+23.5
N. H.....	700	70,000	99.40	0	-.6	+2.8	+14.5
N. J.....	9,700	872,000	89.95	+.5	(3/)	+8.6	+14.7
N. Mex. 2/....	5,500	382,000	69.75	+3.4	+3.6	+22.5	+21.7
N. Y. 2/.....	40,000	4,145,000	103.65	+.3	-1.2	+11.6	+24.4
N. C.....	23,500	1,624,000	69.20	+.5	+.7	+3.3	+9.0
N. Dak. 2/....	1,800	169,000	91.55	-.2	+5.4	+6.5	+11.9
Ohio.....	23,200	1,690,000	72.90	+1.4	+1.2	+9.8	+11.3
Okla. 2/.....	19,900	1,871,000	94.20	+.6	+.5	+8.9	+7.5
Oreg.....	5,300	417,000	78.65	+1.2	+.7	+1.6	+6.4
Pa.....	26,000	1,899,000	72.90	+.2	-.1	+11.8	+7.4
P. R. 2/.....	12,400	114,000	9.20	-.7	+.3	-18.4	-12.9
R. I. 2/.....	3,400	276,000	81.65	+.7	+.8	+10.8	+17.8
S. C.....	9,300	487,000	52.20	-.5	-.5	+.4	+9.2
S. Dak.....	1,300	88,700	68.00	+1.2	+1.8	+3.1	+10.5
Tenn.....	17,800	1,174,000	66.00	+.9	+1.1	+13.9	+15.6
Tex.....	13,900	820,000	58.85	+6.8	+2.3	+25.7	+21.8
Utah.....	3,800	232,000	61.20	+.9	+.6	+11.9	+11.2
Vt. 2/.....	1,400	119,000	84.25	+1.0	+.6	+15.7	+27.4
V. I.....	57	2,300	39.85	(5/)	(5/)	(5/)	(5/)
Va.....	7,200	474,000	66.10	-.2	+.7	+4.4	+10.0
Wash.....	10,000	788,000	78.40	+.3	+.5	+4.6	+22.9
W. Va.....	6,100	333,000	54.40	+1.2	+1.4	+3.2	+29.5
Wis.....	5,500	333,000	60.80	+1.9	+4.9	+24.6	+24.3
Wyo.....	860	62,700	73.15	+.4	-.2	+9.6	+12.0

1/ All data subject to revision.
2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
3/ Increase of less than 0.05 percent.
4/ Data for December; January and February data not reported.
5/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

Table 6. Aid to families with dependent children: Recipients and payments to recipients, by State, February 1968[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		January 1968 in--		February 1967 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/...	1,345,000	5,517,000	4,129,000	$217,965,000	$162.00	$39.50	+1.5	+0.8	+14.5	+24.4
Ala.	19,700	83,100	66,500	1,274,000	64.50	15.30	+9.2	+7.6	+16.5	+40.4
Alaska	1,400	5,300	3,900	179,000	125.80	33.95	+.4	+1.2	+3.7	+.8
Ariz.	10,300	43,600	33,200	1,241,000	120.15	28.45	+.2	+.5	+2.4	+3.8
Ark.	9,500	39,200	29,700	768,000	80.95	19.60	+.3	+.5	+12.2	+12.4
Calif. 3/	203,000	810,000	589,000	36,246,000	178.35	44.75	+2.6	-.8	+8.7	+11.1
Colo. 3/	14,600	56,500	43,000	2,135,000	146.20	37.75	+1.4	+1.3	+2.3	+4.0
Conn. 3/	16,500	65,000	48,300	3,653,000	220.90	56.20	+1.2	+2.4	+23.3	+40.6
Del. 3/	4,300	18,100	13,600	581,000	136.10	32.05	+3.5	+4.5	+26.8	+32.0
D. C.	5,600	25,800	20,700	994,000	177.40	38.50	+1.1	+1.1	+11.9	+13.2
Fla.	37,500	148,000	118,000	2,259,000	60.20	15.25	+.2	+.1	+6.4	+6.3
Ga.	27,200	107,000	82,600	2,711,000	99.65	25.25	+.2	(4/)	+16.2	+24.1
Guam 5/	180	880	740	33,900	192.75	38.35	---	---	---	---
Hawaii 3/	4,800	20,200	14,800	886,000	185.05	43.85	+.2	+.6	+16.6	+23.5
Idaho	3,200	12,200	8,800	573,000	178.80	47.05	+3.2	+3.5	+13.3	+20.7
Ill. 3/	61,700	285,000	222,000	12,734,000	206.55	44.70	+1.7	+2.6	+14.4	+22.1
Ind.	12,500	52,300	39,500	1,704,000	135.90	32.60	+2.7	+.5	+10.9	+28.9
Iowa	12,700	49,400	36,100	2,448,000	192.85	49.55	+1.6	+1.8	+13.8	+30.6
Kans. 3/	10,000	41,800	32,300	1,805,000	180.60	43.25	+1.6	+2.1	+15.1	+15.9
Ky.	26,900	106,000	77,100	3,008,000	111.70	28.30	+.4	+.6	+20.8	+22.9
La.	29,000	127,000	97,800	3,042,000	104.75	24.00	+.1	(4/)	+12.3	+13.1
Maine 3/	6,000	22,200	16,300	663,000	110.75	29.80	+1.3	+1.4	+9.7	+9.9
Md. 3/	27,600	111,000	85,300	4,271,000	154.60	38.45	(4/)	+.8	+14.8	+22.2
Mass. 3/	38,500	143,000	107,000	8,020,000	208.55	55.90	+1.9	+4.2	+25.7	+33.6
Mich. 3/	45,900	190,000	142,000	8,467,000	184.35	44.60	+1.1	+2.2	+21.1	+29.8
Minn.	16,700	61,000	47,200	3,272,000	195.40	53.60	+.1	+.7	+11.5	+24.9
Miss.	24,400	101,000	82,400	851,000	34.85	8.45	+.1	+.5	+13.2	+2.8
Mo.	27,300	114,000	87,500	2,820,000	103.20	24.85	+.7	+.8	+4.8	+4.2
Mont.	2,600	9,800	7,500	363,000	139.40	36.85	+.7	+1.3	+9.6	+9.1
Nebr. 3/	6,000	24,100	18,500	880,000	146.95	36.55	+.7	+1.1	+18.0	+48.2
Nev.	2,100	8,000	6,200	248,000	119.10	30.85	+4.7	+4.6	+16.6	+14.9
N. H.	1,500	6,100	4,600	258,000	176.50	42.70	+3.2	+4.3	+13.2	+18.3
N. J.	37,300	149,000	113,000	8,546,000	229.05	57.30	+1.0	+.2	+19.5	+26.7
N. Mex.	9,800	40,000	30,200	1,228,000	125.20	30.70	+1.6	+1.6	+19.9	+21.7
N. Y. 3/	207,000	825,000	602,000	49,960,000	241.65	60.60	+1.4	-.4	+25.0	+42.9
N. C.	26,500	109,000	82,100	2,777,000	104.90	25.60	+1.2	+1.6	+.3	+5.0
N. Dak.	2,400	9,600	7,300	455,000	191.15	47.35	-.3	+1.3	+10.0	+15.0
Ohio 3/	55,600	230,000	172,000	8,525,000	153.40	37.00	+1.6	+1.6	+18.3	+32.1
Okla. 3/	23,500	91,600	68,700	3,146,000	133.80	34.35	+2.1	+2.1	+7.8	+6.4
Oreg. 3/	11,400	45,400	32,000	1,793,000	157.10	39.50	+4.0	+4.4	+14.0	+13.5
Pa. 3/	72,200	311,000	228,000	11,886,000	164.70	38.25	+1.3	+.6	+18.1	+23.0
P. R.	36,000	175,000	132,000	937,000	26.00	5.35	-1.5	-.7	-2.6	+22.0
R. I. 3/	7,800	30,400	22,300	1,341,000	171.90	44.10	+1.1	+1.3	+14.3	+21.9
S. C.	7,400	29,100	23,400	542,000	73.25	18.65	+2.1	+2.2	+15.4	+36.0
S. Dak.	3,700	13,700	10,300	569,000	154.60	41.45	+1.4	+1.5	+7.2	+19.9
Tenn.	24,600	98,200	75,600	2,589,000	105.05	26.35	+1.2	+1.3	+12.6	+13.2
Tex.	28,400	132,000	101,000	2,726,000	95.90	20.70	+3.6	+2.7	+27.1	+23.6
Utah 3/	7,400	30,000	21,200	1,034,000	139.80	34.45	+2.5	+.8	+25.6	+21.6
Vt.	2,300	8,600	6,200	390,000	169.20	45.25	+2.3	+3.1	+32.8	+104.3
V. I.	400	1,600	1,300	44,400	111.15	28.50	-.3	-.9	+15.9	+65.3
Va.	14,200	59,300	45,500	1,785,000	125.85	30.10	+1.1	+1.6	+13.5	+20.6
Wash. 3/	19,400	76,100	53,700	3,459,000	178.10	45.50	+2.8	+3.9	+22.5	+30.6
W. Va. 3/	21,100	96,500	67,500	2,474,000	117.35	25.65	+.7	+1.5	-2.3	+4.7
Wis. 3/	16,400	65,100	49,100	3,192,000	194.40	49.05	+3.1	+3.8	+26.5	+37.6
Wyo.	1,300	4,600	3,500	176,000	140.35	38.05	+1.4	+1.5	+4.8	+9.1

1/ All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Includes data on unemployed-parent segment; see table 7.
4/ Increase of less than 0.05 percent.
5/ Data for December, January, and February data not reported.

Table 7. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, by State, February 1968[1]

(Excludes vendor payments for medical care and and cases receiving only such payments)

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		January 1968 in--		February 1967 in--	
		Total 2/	Children	Total	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total.....	78,500	441,000	295,000	$17,066,000	$217.35	$38.70	+5.2	+2.5	+14.4	+23.3
Calif.....	25,600	146,000	98,000	5,556,000	216.70	37.95	+6.8	+1.7	+1.7	+3.9
Colo.....	1,200	7,000	4,600	274,000	229.00	39.25	+4.9	+6.3	-22.8	-18.1
Conn.....	800	4,300	2,800	194,000	243.70	45.55	+4.5	+12.7	+45.1	+90.5
Del.....	350	2,100	1,400	63,500	183.45	30.05	+9.2	+16.6	+17.8	+29.4
Hawaii.....	450	2,600	1,700	104,000	231.45	39.25	+.7	(3/)	+25.0	+39.7
Ill.....	3,800	23,700	16,300	1,023,000	272.35	43.20	+8.6	+12.2	+25.7	+34.9
Kans.....	390	2,300	1,600	86,100	222.95	37.00	+10.0	+16.9	+36.8	+36.0
Maine.....	4	25	17	720	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
Md.....	640	3,600	2,400	120,000	187.30	33.25	-22.2	-24.0	+34.1	+46.9
Mass.....	760	4,300	2,900	209,000	274.90	48.75	+13.9	+5.2	+24.7	+31.0
Mich.....	2,300	14,500	9,800	548,000	236.10	37.85	+11.2	+5.4	+56.6	+67.8
Nebr.....	81	530	380	17,100	211.65	32.40	+3.5	+4.3	-6.9	+36.0
N. Y.....	18,100	93,700	63,100	4,658,000	257.30	49.70	+3.0	+1.1	+21.0	+39.3
Ohio.....	4,000	23,700	15,900	817,000	205.35	34.40	+8.4	+7.8	+36.7	+51.5
Okla.....	780	4,600	3,100	151,000	193.05	32.55	+7.5	+6.6	+41.0	+42.1
Oreg.....	2,000	11,300	7,300	416,000	203.90	36.85	+6.9	+9.2	+15.0	+14.8
Pa.....	4,500	25,600	16,800	759,000	167.40	29.65	+1.4	-1.3	+35.9	+42.3
R. I.....	440	2,500	1,600	90,200	206.00	36.45	+4.3	+10.2	+24.9	+41.7
Utah.....	1,800	9,300	6,000	207,000	116.40	22.35	+5.1	-26.4	+61.0	+67.7
Wash.....	2,400	12,800	8,100	484,000	203.90	37.75	+9.2	+9.6	+16.7	+24.3
W. Va.....	7,200	41,000	27,200	1,069,000	148.30	26.10	+1.1	+1.7	-1.0	+9.3
Wis.....	910	5,100	3,400	222,000	243.05	43.10	+10.7	+10.1	+120.9	+125.7

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Decrease of less than 0.05 percent.
4/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

Table 8. General assistance: Recipients and payments to recipients, by State, February 1968[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		January 1968 in--		February 1967 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	363,000	798,000	$32,295,000	$88.90	$40.45	-2.3	-1.0	+13.8	+28.5
Ala.	68	68	880	13.00	13.00	(3/)	(3/)	(3/)	(3/)
Alaska	240	780	16,500	68.25	21.15	-7.9	-2.5	-4.8	-1.6
Ariz.	1,900	5,900	89,800	47.55	15.25	-28.5	-11.3	+6.3	-17.7
Ark.	260	1,000	3,500	13.25	3.40	-24.4	-29.0	-20.6	-29.9
Calif.	30,100	48,500	2/ 145,000	71.20	44.25	-11.1	-6.7	+9.4	+5.0
Colo.	1,300	4,400	52,800	40.55	11.90	+7.7	-1.4	-24.7	-18.3
Conn. 4/	5,800	17,100	503,000	86.65	29.50	-2.4	+1.4	+33.9	+48.9
Del.	1,900	3,700	110,000	58.20	29.45	+.5	+4.1	+33.9	+37.2
D. C.	1,000	1,100	88,800	87.55	80.20	-1.6	-4.4	+2.6	+1.4
Fla. 4/	8,000	(5/)	250,000	---	---	---	---	---	---
Ga.	2,300	5,100	71,700	31.45	14.05	-8.0	-9.0	-11.4	-12.4
Guam 6/	47	76	3,300	(3/)	42.85	---	---	---	---
Hawaii	1,500	2,600	137,000	94.35	53.60	+1.5	+1.8	+26.8	+21.0
Ill.	25,700	60,900	2,365,000	91.95	38.80	+1.2	-2.6	+20.5	+25.7
Iowa 4/	4,000	9,700	166,000	---	---	---	---	---	---
Kans.	3,000	6,700	254,000	84.90	38.00	+3.9	+2.8	+8.6	+14.4
La.	6,400	7,000	327,000	51.15	46.70	+.7	+1.3	+8.8	+10.3
Maine	2,600	9,100	132,000	50.10	14.50	+3.6	+6.6	+13.1	+16.8
Md.	7,000	8,100	580,000	82.90	71.15	-4.3	-3.0	-16.6	-14.6
Mass.	9,700	21,900	925,000	95.05	42.25	+4.3	+3.7	+34.9	+34.6
Mich.	21,300	70,600	2,522,000	118.25	35.75	+9.4	-1.8	+17.5	+51.5
Minn.	6,600	20,700	638,000	96.10	30.75	+.7	-.3	-.1	+11.8
Miss.	1,300	1,600	24,100	18.90	15.45	+4.1	-2.6	+2.1	-5.8
Mo.	10,100	13,200	669,000	66.35	50.60	+3.9	+2.0	+5.4	+2.7
Mont.	2,600	9,600	185,000	71.30	19.15	+5.0	-5.8	+143.2	+142.1
N. H.	890	2,900	62,000	69.40	21.45	+3.0	+5.2	+.7	+3.8
N. J. 7/	13,900	43,700	1,807,000	130.15	41.35	-.4	+.2	+13.7	+22.2
N. Mex.	230	540	8,800	38.60	16.25	-40.2	-64.6	-25.2	-42.2
N. Y.	89,400	186,000	10,967,000	122.65	58.90	+1.7	-1.9	+35.1	+58.1
N. C.	1,800	5,200	48,400	26.75	9.40	-12.7	-12.9	-10.0	-1.9
N. Dak.	360	1,400	22,000	61.70	15.30	+42.1	+51.8	-29.5	-25.8
Ohio	25,800	73,100	2,367,000	91.85	32.40	-21.6	-2.8	+5.6	+11.8
Okla.	1,200	(5/)	21,900	18.05	---	---	+4.9	---	-71.4
Oreg.	2,700	(5/)	133,000	49.85	---	---	-5.3	---	-42.5
Pa.	33,200	42,900	2,514,000	75.65	58.65	+2.0	+3.4	+19.3	+17.0
R. I.	4,000	10,700	436,000	107.80	40.55	+4.7	+50.4	+30.2	+108.6
S. C.	760	920	29,500	38.65	31.95	+4.2	+4.1	-34.2	-20.9
S. Dak.	440	1,500	17,400	39.65	11.70	+46.6	+32.0	-.3	+4.4
Tenn.	2,000	6,300	66,700	33.10	10.65	-20.2	-19.2	+110.5	+22.9
Tex. 4/	9,800	(5/)	228,000	---	---	---	---	---	---
Utah	1,500	1,700	120,000	82.10	69.00	-2.7	+3.2	+79.4	+129.8
Vt. 4/	700	(5/)	29,000	---	---	---	---	---	---
V. I.	160	170	6,600	40.70	37.65	+1.2	-1.1	-7.9	-4.1
Va.	4,300	10,200	229,000	53.65	22.50	+34.4	+21.8	+19.6	+30.9
Wash.	9,100	15,000	731,000	80.15	48.60	-10.9	-5.2	+1.6	+7.0
W. Va.	1,700	2,700	77,000	46.50	28.00	-7.9	+1.8	-25.2	-.8
Wis.	5,200	14,200	431,000	82.40	30.35	-2.5	-.9	+3.8	+18.0
Wyo.	360	1,500	31,600	87.55	21.70	-3.5	-8.8	-24.2	-25.0

1/ All data subject to revision.
2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count includes an estimate for States not reporting such data. Excludes Idaho, Indiana, Kentucky, Nebraska, Nevada, and Puerto Rico; data not available.
3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
4/ Estimated.
5/ Data not available.
6/ Data for December; January and February data not reported.
7/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services.

Table 9. Amount of vendor payments for medical care for recipients of public assistance, by program and State, February 1968[1]

State	Total	Percentage change from--		Medical assistance	Medical assistance for the aged	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
		January 1968	February 1967							
Total	3/ $287,154,000	-5.8	+59.5	3/ $262,849,000	$5,460,000	$8,620,000	$210,000	$2,884,000	$2,130,000	$5,001,000
Ala	1,507,000	+4.1	+30.0	---	850	1,367,000	5,400	134,000	---	---
Alaska 4/	199,000	+23.6	+93.2	---	---	44,000	960	33,000	---	121,000
Ariz	139,000	-3.5	+53.9	---	80	139,000	---	---	---	---
Ark. 4/	1,724,000	+2.6	+12.1	---	218,000	1,012,000	27,200	378,000	88,600	---
Calif	40,403,000	-3.1	+13.9	40,403,000	---	---	---	---	---	---
Colo	2,100,000	+.8	+3.3	---	5/ 1,262,000	375,000	6,100	178,000	241,000	38,000
Conn	4,111,000	+30.9	+43.0	4,111,000	---	---	---	---	---	---
Del	295,000	-9.8	+231.1	295,000	---	---	---	---	---	---
D. C	253,000	-43.5	+42.9	---	217,000	5,300	640	14,300	12,600	2,800
Fla. 4/	2,041,000	+3.4	+2.9	---	---	1,603,000	17,700	278,000	142,000	---
Ga	2,696,000	-4.1	+73.7	2,696,000	---	---	---	---	---	---
Guam 6/	7,100	---	---	7,100	---	---	---	---	---	---
Hawaii	805,000	+1.3	+60.4	757,000	---	---	---	---	---	48,100
Idaho	627,000	+15.3	+25.9	627,000	---	---	---	---	---	---
Ill	16,279,000	+8.8	+96.8	15,116,000	---	---	---	---	---	1,163,000
Ind	2,531,000	+.5	+36.7	---	331,000	1,238,000	67,300	393,000	502,000	---
Iowa	1,905,000	-3.2	-3.5	1,790,000	---	---	---	---	---	7/ 115,000
Kans	3,616,000	+179.0	+152.7	3,616,000	---	---	---	---	---	---
Ky	2,982,000	+22.9	+27.1	2,982,000	---	---	---	---	---	---
La	3,434,000	-11.5	+41.0	3,360,000	---	---	---	---	---	74,100
Maine	916,000	-17.5	+31.4	825,000	---	---	---	---	---	91,500
Md	4,866,000	+2.7	+74.5	4,866,000	---	---	---	---	---	---
Mass	17,121,000	+3.6	+95.1	16,881,000	---	---	---	---	---	240,000
Mich	15,042,000	+14.6	+102.4	14,887,000	---	---	---	---	---	155,000
Minn	7,235,000	-2.0	+21.7	6,927,000	---	---	---	---	---	308,000
Miss	334,000	-1.2	+676.7	---	---	281,000	2,900	50,400	---	---
Mo	2,054,000	+55.1	+83.9	2,054,000	---	---	---	---	---	---
Mont	806,000	+.6	+22.3	506,000	---	---	---	---	---	300,000
Nebr	1,170,000	-42.7	-29.0	1,170,000	---	---	---	---	---	---
Nev	519,000	+41.8	+196.6	519,000	---	---	---	---	---	---
N. H	275,000	+3.4	+32.8	275,000	---	---	---	---	---	---
N. J	4,448,000	+2.4	+68.5	---	5/ 3,075,000	156,000	16,000	363,000	490,000	348,000
N. Mex	1,241,000	-12.8	+90.3	1,203,000	---	---	---	---	---	38,400
N. Y	77,313,000	-24.8	+131.4	77,313,000	---	---	---	---	---	---
N. C	1,664,000	-2.5	+11.8	---	141,000	353,000	16,800	654,000	411,000	87,800
N. Dak	932,000	+20.9	+47.9	922,000	---	---	---	---	---	10,100
Ohio	6,353,000	-20.1	+37.6	5,094,000	---	---	---	---	---	1,259,000
Okla	5,212,000	+1.5	+5.4	5,212,000	---	---	---	---	---	---
Oreg	1,552,000	+24.7	+35.5	1,432,000	---	---	---	---	---	120,000
Pa	13,931,000	+12.7	+70.1	13,931,000	---	---	---	---	---	---
P. R	3,333,000	+10.1	---	3,333,000	---	---	---	---	---	---
R. I	2,044,000	-3.5	+20.4	1,927,000	---	---	---	---	---	117,000
S. C	768,000	+4.5	+47.4	---	---	575,000	32,700	133,000	23,100	4,100
S. Dak	653,000	+42.9	+36.3	566,000	---	---	---	---	---	87,000
Tenn	1,353,000	-1.1	+40.5	---	126,000	1,011,000	2,700	88,900	124,000	---
Tex	11,360,000	+8.5	+50.5	11,360,000	---	---	---	---	---	---
Utah	615,000	-27.0	-6.7	615,000	---	---	---	---	---	---
Vt	487,000	-1.6	+25.2	487,000	---	---	---	---	---	---
V. I	(3/)	---	---	(3/)	---	---	---	---	---	---
Va	881,000	+5.5	+38.1	---	89,500	461,000	13,900	186,000	95,500	35,500
Wash	4,142,000	-20.3	+4.2	4,142,000	---	---	---	---	---	---
W. Va	1,160,000	+9.4	+22.0	1,098,000	---	---	---	---	---	62,000
Wis	9,597,000	+18.1	+70.2	9,478,000	---	---	---	---	---	119,000
Wyo	122,000	-17.6	+.8	65,900	---	---	---	---	---	56,200

1/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provisions of medical services. All data subject to revision.
2/ Data incomplete for general assistance. Some States do not report these data and for some the data represent only partial reporting.
3/ Data not reported by Virgin Islands.
4/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Excludes small amount of money payments not subject to Federal participation.
6/ Data estimated.
7/ Partly estimated.

Table 10. Amount of medical vendor payments for public assistance programs under the Social Security Act, by form of payment and State, February 1968[1]

State	Total	Form of medical vendor payments	
		Payments to vendors directly or through fiscal agent	Premium or per capita payments 2/
Total 3/	$282,154,000	$268,538,000	$13,616,000
Title XIX States 3/	262,849,000	252,756,000	10,093,000
Other States	19,303,000	15,782,000	3,523,000
Title XIX States			
Calif.	40,403,000	39,567,000	836,000
Conn.	4,111,000	4,077,000	33,600
Del.	295,000	295,000	---
Ga.	2,696,000	2,446,000	250,000
Guam 4/	7,100	7,100	---
Hawaii	757,000	757,000	---
Idaho	627,000	627,000	---
Ill.	15,116,000	15,116,000	---
Iowa	1,790,000	1,716,000	74,600
Kans.	3,616,000	3,559,000	57,000
Ky.	2,982,000	2,982,000	---
La.	3,360,000	3,360,000	---
Maine	825,000	786,000	39,000
Md.	4,866,000	4,866,000	---
Mass.	16,881,000	16,866,000	15,100
Mich.	14,887,000	14,887,000	---
Minn.	6,927,000	6,849,000	78,300
Mo.	2,054,000	2,054,000	---
Mont.	506,000	494,000	12,100
Nebr.	1,170,000	1,121,000	48,900
Nev.	519,000	519,000	---
N. H.	275,000	275,000	---
N. Mex.	1,203,000	1,203,000	---
N. Y.	77,313,000	77,145,000	168,000
N. Dak.	922,000	922,000	---
Ohio	5,094,000	5,094,000	---
Okla.	5,212,000	1,114,000	2/ 4,097,000
Oreg.	1,432,000	1,432,000	---
Pa.	13,931,000	13,931,000	---
P. R.	3,333,000	3,333,000	---
R. I.	1,927,000	1,927,000	---
S. Dak.	566,000	551,000	15,200
Tex.	11,360,000	7,035,000	2/ 4,326,000
Utah	615,000	615,000	---
Vt.	487,000	473,000	13,300
Wash.	4,142,000	4,134,000	2/ 8,500
W. Va.	1,098,000	1,098,000	---
Wis.	9,478,000	9,457,000	21,600
Wyo.	65,900	65,900	---
Other States			
Ala.	1,507,000	1,507,000	---
Alaska	77,900	77,900	---
Ariz.	139,000	102,000	37,300
Ark.	1,723,000	1,529,000	194,000
Colo.	2,062,000	1,708,000	2/ 354,000
D. C.	250,000	250,000	---
Fla.	2,041,000	1,815,000	226,000
Ind.	2,532,000	2,265,000	2/ 267,000
Miss.	334,000	334,000	---
N. J.	4,099,000	4,054,000	45,500
N. C.	1,576,000	544,000	2/ 1,032,000
S. C.	763,000	695,000	68,400
Tenn.	1,353,000	128,000	2/ 1,225,000
Va.	846,000	773,000	2/ 73,600

1/ All data subject to revision.
2/ Entries represent premium payments into the Social Security Administration system for Supplementary Medical Insurance except for premium payments into an agency pooled fund by North Carolina-$1,032,000; Oklahoma-$3,854,000 Tennessee-$1,085,000; and premium payments to health-insuring agencies by Colorado-$235,600; Indiana-$206,000 Texas-$3,660,000; Virginia-$40,000; and Washington-$8,500.
3/ Data not reported for Virgin Islands.
4/ Data estimated.

Data estimated.
Partly estimated.

Table 11. General assistance: Recipients and payments to recipients for selected cities, February 1968

[Excludes vendor payments for medical care and cases receiving only such payments]

City	Number of--		Payments to recipients			Percentage change from--			
				Average per--		January 1968 in--		February 1967 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total, 17 cities 1/...	157,000	292,000	$16,127,000	$102.90	$55.25	-1.0	-1.9	+31.8	+39.3
Baltimore.....	5,900	6,800	491,000	83.70	72.55	-4.5	-3.4	-20.3	-18.1
Boston.....	3,800	6,200	421,000	112.10	68.25	(2/)	+6.1	+56.0	+40.7
Buffalo 3/.....	4,200	6,200	452,000	107.55	73.40	+3.3	+.5	+7.9	+19.2
Chicago.....	15,400	33,400	1,740,000	112.80	52.10	+.3	-1.2	+33.4	+39.0
Cincinnati 3/.....	5,300	17,600	414,000	77.80	23.45	-4.6	-4.5	+58.0	+29.5
Cleveland 3/.....	6,600	16,200	586,000	89.10	36.15	-4.4	+5.9	+20.4	+23.5
Detroit.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
District of Columbia.....	1,000	1,100	88,800	87.55	80.20	-1.6	-4.4	+2.6	+1.4
Los Angeles 3/.....	15,700	25,000	1,014,000	64.45	40.65	-13.5	-10.3	+33.2	+4.9
Milwaukee 3/.....	2,700	5,900	243,000	91.60	41.05	-4.5	-1.8	+5.7	+21.2
Minneapolis.....	1,600	3,500	149,000	95.90	42.60	(4/)	(4/)	(5/)	(5/)
New Orleans.....	980	1,100	52,800	54.05	49.70	(4/)	(4/)	+33.7	+35.6
New York.....	68,000	135,000	8,449,000	124.25	62.75	+1.8	-2.8	+41.4	+64.9
Philadelphia.....	9,800	14,400	821,000	83.40	57.15	+3.0	+4.6	+29.9	+28.7
Pittsburgh.....	8,500	9,600	661,000	77.85	68.75	+1.4	+1.7	+2.7	+1.8
Rochester.....	900	2,400	92,300	102.20	38.65	+5.0	+12.6	+23.7	+33.7
St. Louis.....	1,900	2,200	123,000	65.85	54.80	+1.5	+1.4	+6.6	+8.1
San Francisco.....	4,500	5,800	328,000	72.40	56.65	-1.6	-.4	+13.5	+27.3

1/ Data not reported for Detroit. Percentage changes based on comparable data.
2/ Increase of less than 0.05 percent.
3/ Data for county in which city is located.
4/ Data not reported for January 1968.
5/ Data not reported for February 1967.

Table 12. Aid to families with dependent children: Recipients and money payments to

4/ Data not reported for January 1968.
5/ Data not reported for February 1967.

Table 12. Aid to families with dependent children: Recipients and money payments to recipients under community work and training programs, by State, February 1968[1]

State	Number of families with a recipient on work and training programs	Number of recipients				Money payments to recipients			
		Total 2/	Adults		Children	Total	For work performed on work and training programs	Average per family	
			On work and training programs 3/	Other				Total	For work performed on work and training programs
Total.....	15,400	86,300	15,400	13,000	58,000	$2,797,000	$1,995,000	$181.80	$129.65
Calif.....	3,800	19,900	3,800	2,800	13,300	817,000	424,000	217.10	112.75
Colo.....	630	3,900	630	620	2,700	158,000	63,400	252.65	101.25
Ill.....	540	3,300	540	440	2,300	134,000	98,100	246.00	180.65
Kans.....	69	420	69	65	290	17,100	5,800	247.80	83.45
Md.....	5	38	5	5	28	1,100	530	(4/)	(4/)
Mich.....	92	560	92	2	470	27,500	11,000	298.90	120.00
Ohio.....	2,000	11,100	2,000	1,400	7,700	330,000	199,000	168.60	101.85
Oreg.....	390	2,100	390	340	1,400	84,500	22,500	217.80	57.90
Pa.....	320	1,800	320	300	1,200	77,100	51,500	242.60	161.85
Wash.....	420	2,200	420	420	1,400	82,100	49,200	196.40	117.65
W. Va.....	7,200	41,000	7,200	6,600	27,200	1,069,000	1,069,000	148.30	148.30
Wis.....	0	0	0	0	0	0	0	---	---

1/ Represents data for community work and training programs under plans for such programs submitted under Section 409 of Social Security Act. These data are included in data for the total program and for the unemployed-parent segment. All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ In some States includes a few child recipients aged 18-20.
4/ Average payment not computed on fewer than 50 families.

Table 13. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, February 1968[1]

State	Number of--				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total.....	8,000	2/7,400	2/ 520	3/ 3,400	$646,000	$81.10	2/ $557,000	2/ $84,700
Ala.....	8	8	0	1	310	(4/)	310	0
Alaska.....	65	65	0	32	7,300	111.90	7,300	0
Ariz.....	180	180	0	70	10,400	58.00	10,400	0
Calif.....	1,500	1,300	180	740	161,000	108.05	122,000	39,200
Conn.....	130	89	40	50	15,800	122.50	6,900	8,900
Ill.....	55	(2/)	(2/)	17	4,700	85.65	(2/)	(2/)
Ind.....	160	160	0	52	6,300	39.00	6,300	0
Kans.....	190	190	0	110	22,500	119.45	22,500	0
Ky.....	66	66	0	22	5,700	86.10	5,700	0
La.....	790	740	54	350	57,900	73.40	50,900	7,000
Md.....	1,200	1,100	52	420	106,000	88.90	98,600	7,800
Mich.....	120	110	11	40	9,800	78.30	8,400	1,400
Minn.....	250	220	36	130	26,500	104.45	15,700	10,800
Mo.....	160	160	0	76	8,800	54.75	8,800	0
Nebr.....	120	81	42	72	8,200	66.60	5,100	3,000
Nev.....	20	20	0	20	1,400	(4/)	1,400	0
N. Mex.....	91	91	0	20	5,600	61.60	5,600	0
N. C.....	29	29	0	8	1,700	(4/)	1,700	0
Ohio.....	480	450	29	220	29,000	61.05	27,100	1,900
Okla.....	440	440	0	210	23,300	52.90	23,300	0
Oreg.....	240	240	0	(3/)	16,400	69.15	16,400	0
Tenn.....	530	480	44	200	34,200	64.95	31,300	2,900
Utah.....	190	190	0	94	12,600	64.90	12,600	0
Va.....	27	27	0	14	1,400	(4/)	1,400	0
Wash.....	480	480	0	220	38,800	81.75	38,800	0
W. Va.....	270	240	32	91	15,000	55.85	13,200	1,800
Wis.....	190	190	0	97	15,300	79.10	15,300	0

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.
2/ Excludes Illinois, breakdown not available.
3/ Excludes Oregon; data not available.
4/ Average payment not computed on base of fewer than 50 children.

Table 14. Old-age, survivors, disability, and health insurance, summary benefit data,

4/ Average payment not computed on base of fewer than 50 children.

Table 14. Old-age, survivors, disability, and health insurance, summary benefit data, February 1968[1]

CASH BENEFITS AWARDED AND IN CURRENT-PAYMENT STATUS

Type of beneficiary	Benefit awards		Benefits in current-payment status			Amount of benefits paid 1/ (in thousands)
	Number	Average amount	Number	Average amount	Monthly rate (in thousands)	
Total monthly beneficiaries	301,081	---	23,986,063	---	$2,001,732	$1,820,343
Retired workers and dependents	144,126	---	15,365,996	---	1,352,568	1,185,625
Retired workers	102,603	$93.98	12,179,460	$98.25	1,196,646	1,042,471
Wives and husbands 2/	27,449	45.73	2,664,355	51.01	135,911	123,378
Children 3/	14,074	39.84	522,181	38.32	20,012	19,776
Disabled workers and dependents	53,179	---	2,177,747	---	170,557	167,110
Disabled workers	23,268	102.80	1,212,639	111.58	135,305	131,098
Wives and husbands 2/	6,458	36.58	232,519	39.55	9,196	9,547
Children 3/	23,453	33.75	732,589	35.57	26,055	26,465
Survivors of deceased workers	94,984	---	5,722,364	---	450,441	442,624
Widowed mothers	9,925	71.07	498,528	74.63	37,206	36,977
Children 3/	44,918	65.01	2,385,747	71.13	169,698	172,036
Widows and widowers 4/	39,978	79.39	2,804,921	85.79	240,629	230,680
Parents	163	88.35	33,168	87.66	2,908	2,931
Persons with special age-72 benefits 5/ .	8,792	---	719,956	---	28,166	24,984
Primary	8,377	---	697,545	39.74	27,718	24,581
Wives	415	---	22,411	19.97	447	403
Lump-sum death payments 6/	98,861	223.56	---	---	---	21,168

1/ Distribution by type of monthly benefit estimated.
2/ Includes wives under age 65 with entitled children in their care; a total of 371,000 such wives of retired and disabled workers were in current-payment status.
3/ Includes disabled persons aged 18 and over whose disability began before age 18.
4/ Includes widows and divorced wives aged 60-61 entitled under the 1965 amendments.
5/ Represents benefits authorized by Public Law 89-368(1966) for certain persons aged 72 and over who are not insured under the regular or transitional insured-status provisions of the Social Security Act.
6/ Number of lump-sum payments shown were paid on the accounts of 94,686 deceased workers; the average amount represents average per deceased worker.

Program and Operating Statistics

Public Assistance in February and March 1968

March

About 9.1 million persons received maintenance payments under five public assistance programs in March 1968--roughly 50,000 more than in February. The increase centered in the program of aid to families with dependent children, which showed a rise of 67,000, or 1.2 percent, in the number of recipients. The increase in the number of persons aided under this program during the first quarter of the year--278,000--was about 15 percent larger than that for the first quarter of 1967.

Changes in the numbers of recipients of old-age assistance and aid to the permanently and totally disabled were influenced appreciably by liberalizations in cash benefits available under the program for old-age, survivors, disability, and health insurance (OASDHI), effective for February and payable in March. Altogether about 17,000 cases were closed in March because insurance benefits were raised or, in some cases, were payable for the first time. Most of the closings--11,000--occurred among the aged. Cases closed because of initial or increased insurance benefits numbered 2,800 among recipients of aid to the permanently and totally disabled, 2,500 among recipients of aid to families with dependent children, and 700 and 125 among recipients of general assistance and aid to the blind. The increase in insurance benefits will result in additional closings during the next few months.

Cases closed because of larger insurance benefits contributed substantially to the decline of 15,700 in the number of recipients of old-age assistance and reduced the net increase in aid to the permanently and totally disabled to 2,300. Such cases accounted for less than a fifth of the total number that declined--about 600 in aid to the blind and 3,700 in general assistance. (Reporting for general assistance, however, was incomplete.)

Total payments for assistance, including payments to vendors for medical care, amounted to almost $775 million in March--$32.0 million more than in February. Increases for medical assistance of $12.4 million in California and $16.9 million in New York were primarily responsible for the rise of the total amount of payments. The largest change in aggregate maintenance payments, an increase of $4.4 million in aid to families with dependent children, was also substantially influenced by increases of $1.5 million in California and $1.4 million in New York. A virtually nationwide reduction in maintenance payments for old-age assistance, reflecting in large part the effect of higher old-age, survivors, and disability insurance benefits, offset the increases in aid to families with dependent children. Aid to the blind decreased by $62,000; aid to the permanently and totally disabled, by $132,000.

A few States reported they had adopted policies that permit recipients to retain at least part of the increase in old-age, survivors, and disability insurance benefits. Idaho and Wyoming raised the monthly amount of disregarded income from $5 to $7.50 for adults, and Colorado increased the assistance standards $2 for recipients of old-age assistance. Other States may have taken similar action.

Table 1. Amount of public assistance payments in the United States, by month,

Table 1. Amount of public assistance payments in the United States, by month, March 1967-March 1968[1]

Year and month	Total	Money payments 2/							Medical vendor payments 3/					
		Total	Federally aided programs					General assistance 5/	Total	Federally aided programs				General assistance 5/
			Total	Old-age assistance 4/	Aid to the blind 4/	Aid to the permanently and totally disabled 4/	Aid to families with dependent children			Total	Medical assistance 6/	Medical assistance for the aged 4/	Other	
	Amount of assistance (In thousands)													
1967														
March	$620,274	$400,931	$374,008	$140,758	$7,242	$45,433	$180,575	$26,923	$219,343	$213,891	$186,450	$5,027	$22,414	$5,452
April	632,602	401,623	375,808	140,406	7,242	46,024	182,136	25,815	230,979	225,417	197,895	5,033	22,489	5,562
May	625,671	403,533	377,840	140,858	7,255	46,691	183,036	25,693	222,138	217,023	188,743	5,018	23,262	5,115
June	635,454	405,494	379,649	140,563	7,254	47,254	184,577	25,845	229,960	224,697	196,721	4,649	23,327	5,263
July	629,752	408,221	382,390	141,668	7,295	47,951	185,476	25,831	221,531	217,203	190,454	6,472	20,277	4,328
August	679,318	416,861	389,058	142,132	7,348	49,057	190,521	27,803	262,457	257,309	232,030	5,023	20,256	5,148
September	673,212	423,302	394,979	141,645	7,365	49,610	196,359	28,323	249,910	245,205	223,794	5,173	16,238	4,706
October	704,775	432,314	403,457	143,640	7,400	50,575	201,845	28,857	272,461	267,259	248,896	5,013	14,333	4,217
November	717,552	436,589	407,046	144,585	7,406	51,124	203,931	29,543	280,963	276,384	258,077	5,151	13,156	4,579
December	713,495	445,510	414,689	145,425	7,474	52,054	209,736	30,821	267,985	263,296	244,796	4,920	13,580	4,688
1968														
January	759,553	454,644	422,009	145,603	7,505	52,689	216,212	32,635	304,908	300,834	281,651	5,508	13,675	4,075
February	742,380	455,226	423,011	144,748	7,436	52,828	217,999	32,215	287,154	282,153	262,849	5,460	13,844	5,001
March	774,421	455,620	422,857	140,385	7,374	52,696	222,402	32,763	318,801	314,662	295,111	5,388	14,163	4,139
	Percentage change from preceding month													
1967														
March	+8.9	+2.9	+2.7	+0.4	+0.4	+1.7	+0.4	+7.0	+22.6	+22.1	+29.0	-1.1	-9.8	-1.1
April	+2.0	+.2	+.5	-.2	0	+1.3	+.9	-4.1	+5.3	+5.4	+6.1	+.1	+.3	+2.0
May	-1.1	+.5	+.5	+.3	+.2	+1.4	+.5	-.5	-3.9	-3.7	-4.6	-.3	+3.4	-8.0
June	+1.6	+.5	+.5	-.2	0	+1.2	+.8	+.6	+3.5	+3.5	+4.2	-7.4	+.3	+2.9
July	-.9	+.7	+.7	+.8	+.5	+1.5	+.5	-.1	-3.7	-3.3	-3.2	+39.2	-13.1	-17.8
August	+7.9	+2.1	+1.7	+.3	+.7	+2.3	+2.7	+7.6	+18.5	+18.2	+21.8	-22.4	-.1	+18.9
September	-.9	+1.5	+1.5	-.3	+.2	+1.1	+3.1	+1.9	-4.8	-4.7	-3.5	+3.0	-19.8	-8.6
October	+4.7	+2.1	+2.1	+1.4	+.5	+1.9	+2.8	+1.9	+9.0	+9.0	+11.2	-3.1	-11.7	-10.4
November	+1.8	+1.0	+.9	+.7	+.1	+1.1	+1.0	+2.4	+3.1	+3.4	+3.7	+2.8	-8.2	+8.6
December	-.6	+2.0	+1.9	+.6	+.9	+1.8	+2.8	+4.3	-4.6	-4.7	-5.1	-4.5	+3.2	+2.4
1968														
January	+6.5	+2.0	+1.8	+.1	+.4	+1.2	+3.1	+5.9	+13.8	+14.3	+15.1	+12.0	+.7	-13.1
February	-2.3	+.1	+.2	-.6	-.9	+.3	+.8	-1.3	-5.8	-6.2	-6.7	-.9	+1.2	+22.7
March	+4.3	+.1	(7/)	-3.0	-.8	-.3	+2.0	+1.7	+11.0	+11.5	+12.3	-1.3	+2.3	-17.2
	Percentage change from same month of preceding year													
1968														
March	+24.9	+13.6	+13.1	-.3	+1.8	+16.0	+23.2	+21.8	+45.3	+47.1	+58.3	+7.2	-36.8	-24.1

1/ All data subject to revision.
2/ Includes nonmedical vendor payments.
3/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provisions of medical services.
4/ Represents data for recipients of the specified types of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Partly estimated. Does not include Idaho, Indiana, Kentucky, and Nebraska for all months, Puerto Rico beginning May 1967, and Nevada beginning January 1968; data not available. Percentage changes based on comparable data.
6/ Data incomplete.
7/ Decrease of less than 0.05 percent.

Table 2. Number of recipients of public assistance money payments in the United States, by month, March 1967-March 1968[1]

Year and month	Federally aided programs								General assistance 2/	
	Total	Adult programs				Aid to families with dependent children				
		Total	Old-age assistance 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Families	Total recipients 4/	Children	Cases	Recipients
	Number of recipients (In thousands)									
1967										
March	7,652	2,747	2,066	83.3	597	1,180	4,906	3,692	324	720
April	7,695	2,750	2,064	83.1	602	1,193	4,945	3,720	317	687
May	7,730	2,758	2,066	83.1	609	1,202	4,973	3,739	314	675
June	7,740	2,763	2,065	83.0	615	1,208	4,977	3,744	310	664
July	7,742	2,764	2,062	82.8	618	1,212	4,978	3,745	313	678
August	7,834	2,776	2,068	82.9	625	1,232	5,058	3,803	332	726
September	7,879	2,777	2,065	82.8	629	1,244	5,102	3,838	333	729
October	7,937	2,788	2,070	82.8	636	1,258	5,148	3,871	335	735
November	8,004	2,797	2,074	82.8	640	1,273	5,207	3,907	342	758
December	8,111	2,802	2,073	82.6	646	1,297	5,309	3,986	352	782
1968										
January	8,238	2,804	2,070	82.5	651	1,326	5,434	4,074	365	817
February	8,316	2,796	2,060	82.3	654	1,346	5,520	4,132	363	798
March	8,369	2,782	2,044	81.7	656	1,365	5,587	4,180	365	795
	Percentage change from preceding month									
1967										
March	+1.2	+0.2	0	0	+0.9	+1.7	+1.8	+1.7	+3.3	+2.9
April	+.6	+.1	-.1	-.2	+.8	+1.2	+.9	+.9	-1.9	-4.7
May	+.5	+.3	+.1	-.1	+1.1	+.8	+.5	+.5	-1.1	-1.7
June	+.1	+.1	(5/)	-.1	+.9	+.5	+.1	+.1	-1.2	-1.7
July	(6/)	(6/)	-.1	-.2	+.6	+.3	(6/)	+.1	+.7	+2.2
August	+1.2	+.4	+.3	+.1	+1.1	+1.7	+1.6	+1.5	+6.2	+7.0
September	+.6	(6/)	-.1	-.2	+.7	+1.0	+.9	+.9	+.4	+.5
October	+.7	+.4	+.2	0	+1.0	+1.1	+.9	+.9	+.7	+.8
November	+.8	+.3	+.2	0	+.7	+1.2	+1.1	+.9	+1.9	+3.1
December	+1.3	+.2	-.1	-.2	+.8	+1.9	+2.0	+2.0	+3.0	+3.2
1968										
January	+1.6	+.1	-.1	-.2	+.7	+2.2	+2.4	+2.2	+3.7	+4.5
February	+.9	-.3	-.5	-.3	+.6	+1.5	+1.6	+1.4	-.3	-2.3
March	+.6	-.5	-.8	-.8	+.4	+1.4	+1.2	+1.2	+.6	-.5
	Percentage change from same month of preceding year									
1968										
March	+9.4	+1.3	-1.0	-1.9	+9.9	+15.7	+13.9	+13.2	+13.5	+10.4

1/ All data subject to revision.
2/ Partly estimated. Does not include Idaho, Indiana, Kentucky, and Nebraska for all months, Puerto Rico beginning May 1967, and Nevada beginning January 1968; data not available. Percentage changes based on comparable data.
3/ Represents data for recipients of the specified types of assistance under separate State programs and under State programs for the aged, blind, or disabled, or for such aid and medical assistance for the aged.
4/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
5/ Decrease of less than 0.05 percent.
6/ Increase of less than 0.05 percent.

Table 3. Old-age assistance: Recipients and payments to recipients, by State, March 1968[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	February 1968 in--		March 1967 in--	
				Number	Amount	Number	Amount
Total 2/.....	2,044,000	$140,385,000	$68.65	-0.8	-3.0	-1.0	-0.3
Ala.....	114,000	7,179,000	62.85	-.1	-.2	+1.3	+5.3
Alaska 3/.....	1,400	114,000	79.20	-.3	-.5	+4.1	+15.9
Ariz.....	12,300	659,000	53.70	-3.6	-8.3	-5.4	-10.4
Ark. 3/.....	62,600	3,422,000	54.65	-1.5	-10.6	-1.6	-10.6
Calif.....	291,000	29,017,000	99.85	-.5	-5.8	+1.3	-.2
Colo. 2/.....	39,600	3,095,000	78.05	-1.5	-4.7	-3.8	-6.8
Conn.....	7,400	558,000	75.75	+.4	-5.3	+19.6	+25.2
Del.....	1,800	116,000	64.05	-.8	-1.8	+6.4	+7.2
D. C.....	2,200	164,000	73.55	-2.2	-6.1	+.7	+5.4
Fla. 3/.....	71,900	3,349,000	46.55	-2.0	-8.7	-8.4	-13.5
Ga. 3/.....	90,500	4,753,000	52.50	-.9	-.4	-3.8	+6.6
Guam.....	220	11,600	52.50	+5.2	+2.8	+16.9	+70.4
Hawaii 3/.....	1,800	145,000	79.75	-.9	-2.9	+10.8	+11.5
Idaho.....	3,600	231,000	64.50	-1.5	-5.3	-6.1	-7.0
Ill. 3/.....	38,100	2,375,000	62.40	-2.4	-4.6	-4.2	-5.7
Ind.....	18,700	844,000	45.05	+2.4	-7.4	-.3	-4.0
Iowa.....	23,900	2,473,000	103.55	-.7	-.2	-.6	+68.8
Kans. 3/.....	16,500	1,415,000	85.65	-2.1	-3.7	-5.2	+.1
Ky. 3/.....	60,800	3,425,000	56.30	-.4	-.5	+2.4	+2.9
La.....	124,000	9,080,000	73.35	-.3	-.3	-.2	-.2
Maine 3/.....	10,200	546,000	53.55	-.4	-.5	+1.8	-2.0
Md. 3/.....	7,800	462,000	59.30	-1.5	-4.8	-2.6	+.1
Mass.....	48,700	3,960,000	81.35	-.3	+.3	-2.4	-.5
Mich.....	39,300	2,696,000	68.55	-.2	-.8	-.5	+.2
Minn.....	24,600	1,536,000	62.40	-2.0	-7.2	-9.2	-4.8
Miss.....	75,100	2,866,000	38.15	-.3	-.5	+1.2	-.5
Mo.....	92,800	6,632,000	71.45	-.4	-.6	+3.3	+8.2
Mont.....	3,800	247,000	64.20	-.6	-1.5	-3.7	-2.5
Nebr. 3/.....	8,500	477,000	56.45	-1.9	-4.9	-20.5	-7.3
Nev.....	2,600	187,000	73.25	-.4	-1.2	+3.4	+1.1
N. H.....	4,200	453,000	108.40	+.2	+.5	+.1	+9.2
N. J.....	14,100	1,013,000	72.00	-.8	-5.9	+3.5	+1.1
N. Mex. 3/.....	9,500	521,000	54.55	-2.1	-5.9	+1.3	-4.4
N. Y. 3/.....	74,900	7,058,000	94.25	-.1	+.6	+10.0	+23.4
N. C.....	38,900	2,518,000	64.70	-.8	-.4	-1.5	+5.9
N. Dak. 3/.....	4,200	316,000	75.90	-.5	-17.8	-6.1	-7.2
Ohio.....	63,400	4,088,000	64.45	-1.2	-1.3	-13.1	-29.5
Okla. 3/.....	77,800	5,619,000	72.25	-2.4	-4.6	-3.5	-10.8
Oreg.....	8,900	514,000	57.75	-4.2	-7.4	-20.0	-9.9
Pa.....	43,600	3,165,000	72.55	-1.8	-4.5	-.3	-2.7
P. R. 3/.....	22,600	210,000	9.30	-.9	+.1	-10.3	-3.5
R. I. 3/.....	4,200	248,000	58.45	-2.5	-7.4	-8.6	-7.0
S. C.....	21,700	955,000	43.90	-.9	-2.5	-2.3	+3.3
S. Dak.....	5,000	307,000	61.30	-1.3	-7.4	-8.1	-8.5
Tenn.....	49,600	2,462,000	49.60	-1.8	-6.2	+7.9	-.1
Tex.....	231,000	14,135,000	61.30	+.2	(4/)	+.8	+.1
Utah.....	4,300	240,000	56.05	-2.8	-5.2	-8.8	-13.5
Vt. 3/.....	4,300	311,000	72.65	+.4	+.7	+.8	+13.8
V. I.....	380	14,500	38.35	-1.6	-.7	-6.7	-6.2
Va.....	11,100	628,000	56.40	-.8	+.1	+.6	+5.3
Wash.....	25,100	1,598,000	63.75	-2.3	-8.7	-6.6	-12.0
W. Va.....	11,900	740,000	62.35	+.3	+3.6	-5.4	+12.7
Wis.....	16,600	1,083,000	65.40	-.6	-.9	-6.5	+5.7
Wyo.....	2,100	157,000	74.90	-1.6	-6.3	-7.8	-1.2

1/ All data subject to revision.
2/ Includes 3,700 recipients aged 60-64 in Colorado and payments of $334,000 to these recipients. Such payments were made without Federal participation.
3/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
4/ Decrease of less than 0.05 percent.

5/ Decrease of less than 0.05 percent.
6/ Increase of less than 0.05 percent.

Table 4. Aid to the blind: Recipients and payments to recipients, by State, March 1968[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	February 1968 in--		March 1967 in--	
				Number	Amount	Number	Amount
Total 2/ 3/	81,700	$7,374,000	$90.25	-0.8	-0.8	-1.9	+1.8
Ala.	1,900	133,000	70.75	-.2	-.1	+2.6	+3.9
Alaska 4/	97	9,800	100.95	(5/)	(5/)	-6.7	+11.2
Ariz.	660	46,000	69.75	-1.1	-2.6	-9.4	-10.3
Ark. 4/	1,900	130,000	69.30	-1.1	-3.6	-2.3	-4.9
Calif. 2/	12,500	1,703,000	136.30	-.3	(6/)	+.4	+3.7
Colo.	210	13,700	66.45	-1.9	-5.5	-8.8	-15.2
Conn.	250	20,300	80.05	-.8	-4.8	-4.9	-7.6
Del.	340	30,100	89.85	-4.0	-3.4	+1.2	+9.3
D. C.	190	16,400	86.00	+4.9	+1.4	-2.1	-2.6
Fla. 4/	2,500	152,000	62.10	-1.2	-4.0	-4.9	-6.0
Ga. 4/	3,200	197,000	61.95	+.3	+.3	+.5	+8.7
Guam	6	290	(5/)	(5/)	(5/)	(5/)	(5/)
Hawaii 4/	72	7,300	101.85	(5/)	(5/)	(5/)	(5/)
Idaho	110	8,300	78.15	-2.8	-2.8	-6.2	-5.5
Ill. 4/	1,800	149,000	81.85	-1.4	-1.2	-6.0	+.5
Ind.	1,500	96,100	64.15	-2.6	-3.3	-3.4	-3.0
Iowa	1,000	114,000	108.60	+.1	+1.3	-.3	+17.2
Kans. 4/	400	35,700	88.55	-1.2	-1.9	-1.9	-2.2
Ky. 4/	2,600	185,000	70.65	+.4	+.7	+5.1	+5.8
La.	2,500	195,000	77.30	-.2	-.3	-.5	+1.9
Maine 4/	220	15,900	73.15	-.5	-1.1	-4.8	-7.3
Md. 4/	350	29,400	83.25	+1.1	+.4	+4.4	+17.3
Mass.	2,400	302,000	125.80	+.2	+4.4	+8.3	+19.4
Mich.	1,400	126,000	87.35	-.3	+.3	-1.1	+5.4
Minn.	820	65,800	80.40	-.7	-1.8	-3.2	+3.6
Miss.	2,400	108,000	45.40	-1.0	-1.1	-2.6	-3.8
Mo. 2/	3,900	336,000	86.65	-.1	(7/)	-3.9	+4.1
Mont.	170	13,600	79.25	-2.8	-2.6	-9.5	-5.6
Nebr. 4/	360	29,900	84.10	-.3	+1.2	-22.1	+1.0
Nev.	150	14,100	91.65	-1.3	(6/)	-.6	-2.6
N. H.	230	25,500	109.50	-1.3	+.7	-5.7	-2.1
N. J.	880	77,600	88.15	-1.7	-3.9	-2.3	-3.2
N. Mex. 4/	370	27,900	75.50	0	(6/)	+5.4	+8.0
N. Y. 4/	3,200	372,000	115.15	-.4	+1.9	+3.6	+16.0
N. C.	4,700	360,000	77.25	-.4	-.2	+.3	+6.1
N. Dak. 4/	83	7,000	83.90	(5/)	(5/)	(5/)	(5/)
Ohio	2,900	212,000	73.75	-.3	+.3	-4.4	-8.8
Okla. 4/	1,500	157,000	104.90	-1.6	-.1	-4.7	-5.5
Oreg.	500	44,300	88.15	+.4	-2.0	+5.4	+4.6
Pa. 3/	9,400	1,009,000	107.45	-3.0	-4.5	-5.7	-6.2
P. R. 4/	840	7,900	9.45	-2.0	-.8	-26.1	-20.5
R. I. 4/	120	9,100	76.10	+.8	-3.5	+7.2	+10.5
S. C.	1,900	111,000	57.85	-.4	-1.8	+1.7	+6.0
S. Dak.	110	9,400	86.60	0	-3.9	-6.9	-1.8
Tenn.	1,800	121,000	67.20	-.7	-1.7	-2.4	-1.8
Tex.	4,200	312,000	73.80	+.1	-.2	-.8	-1.5
Utah	140	8,800	63.55	+1.5	(7/)	-4.8	-8.2
Vt. 4/	110	9,500	87.75	-.9	+1.6	+.9	+22.1
V. I.	9	380	(5/)	(5/)	(5/)	(5/)	(5/)
Va.	1,100	82,200	74.75	-.5	-.3	-.2	+5.3
Wash.	490	41,200	84.05	-.6	-3.4	-6.1	-6.8
W. Va.	620	35,500	57.40	-.5	+1.3	-10.8	-1.1
Wis.	580	48,000	82.00	-.2	-3.6	-6.5	+.4
Wyo.	45	3,500	(5/)	(5/)	(5/)	(5/)	(5/)

1/ All data subject to revision.
2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $28,500 to 160 recipients and Missouri, $48,500 to 540 recipients.
3/ Does not include $576,000 to an estimated 7,700 recipients under State blind pension program in Pennsylvania administered under State law without Federal participation.
4/ Represents aid to the blind under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
6/ Decrease of less than 0.05 percent.
7/ Increase of less than 0.05 percent.

Table 5. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, March 1968[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	February 1968 in--		March 1967 in--	
				Number	Amount	Number	Amount
Total.....	656,000	$52,696,000	$80.25	+0.4	-0.3	+9.9	+16.0
Ala.....	15,800	788,000	50.00	+.1	+.2	+3.9	+14.9
Alaska 2/.....	450	43,600	97.55	+2.3	+4.4	+35.0	+73.5
Ariz.....	6,000	386,000	64.05	-.1	-3.4	+21.2	+17.7
Ark. 2/.....	11,400	704,000	61.80	-.8	-4.0	+4.4	+.3
Calif.....	121,000	14,175,000	117.50	+.4	-.7	+18.4	+21.7
Colo.....	7,000	446,000	63.30	-.4	-2.8	+2.9	+1.4
Conn.....	5,000	473,000	94.30	+.2	-2.7	-8.2	+2.0
Del.....	1,000	95,800	92.55	-.3	-1.2	+38.4	+42.4
D. C.....	4,200	366,000	87.55	-.6	-.3	+10.1	+12.1
Fla. 2/.....	20,400	1,205,000	59.10	-1.3	-4.3	-2.3	-3.7
Ga. 2/.....	29,200	1,773,000	60.65	+.6	+.5	+4.9	+14.2
Guam.....	46	2,600	(3/)	(3/)	(3/)	(3/)	(3/)
Hawaii 2/.....	1,500	165,000	106.80	+.2	+.3	+15.4	+17.5
Idaho.....	2,600	195,000	73.70	-.1	-.9	+4.8	+9.8
Ill. 2/.....	32,200	2,686,000	83.40	-.1	-.2	+6.6	+13.6
Ind.....	3,000	143,000	47.55	+3.0	-.5	+43.2	+46.3
Iowa.....	2,200	289,000	129.05	+1.5	+1.7	+24.6	+148.8
Kans. 2/.....	5,600	642,000	114.45	-1.0	-.2	+4.3	+9.3
Ky. 2/.....	14,900	1,051,000	70.75	+.6	+.8	+13.8	+15.3
La.....	22,600	1,206,000	53.25	+.4	+.8	+3.9	+7.6
Maine 2/.....	2,600	193,000	75.05	+.7	+.8	+10.4	+11.1
Md. 2/.....	12,600	973,000	77.50	+1.7	+1.8	+30.6	+37.9
Mass.....	14,600	1,341,000	91.90	+1.0	-.2	+12.1	+17.9
Mich.....	18,900	1,610,000	85.30	+1.6	+1.8	+22.9	+31.9
Minn.....	8,200	644,000	78.70	-.2	-1.2	+19.7	+33.6
Miss.....	22,000	997,000	45.40	-.5	-.6	+4.2	+4.5
Mo.....	17,000	1,274,000	74.90	+.1	-.2	+4.3	+7.4
Mont.....	1,500	116,000	77.15	+.3	+.2	+11.8	+12.8
Nebr. 2/.....	3,300	233,000	70.00	+.2	+1.3	+8.1	+25.0
N. H.....	700	69,000	98.40	-.4	-1.4	+2.6	+14.1
N. J.....	9,700	860,000	88.90	-.2	-1.4	+7.6	+11.6
N. Mex. 2/.....	5,600	385,000	69.00	+1.9	+.8	+23.3	+20.8
N. Y. 2/.....	40,400	4,194,000	103.85	+1.0	+1.2	+10.6	+22.8
N. C.....	23,500	1,637,000	69.70	+.1	+.8	+3.0	+9.1
N. Dak. 2/.....	1,800	156,000	85.55	-1.2	-7.7	+4.5	+8.6
Ohio.....	23,500	1,708,000	72.65	+1.4	+1.1	+11.2	+12.3
Okla. 2/.....	19,700	1,868,000	94.95	-1.0	-.2	+6.7	+6.7
Oreg.....	5,200	409,000	78.35	-1.5	-1.9	-.3	+3.8
Pa.....	26,100	1,883,000	72.25	+.1	-.8	+7.9	+5.0
P. R. 2/.....	12,400	116,000	9.30	-.1	+1.2	+14.5	-7.5
R. I. 2/.....	3,400	271,000	80.20	-.1	-1.9	+9.5	+14.5
S. C.....	9,200	478,000	51.75	-1.1	-2.0	-.8	+6.8
S. Dak.....	1,300	86,400	65.75	+.7	-2.6	+2.6	+6.7
Tenn.....	17,900	1,170,000	65.40	+.7	-.3	+13.7	+14.2
Tex.....	14,500	845,000	58.15	+4.2	+3.0	+29.9	+24.2
Utah.....	3,800	231,000	60.50	+.8	-.4	+12.1	+9.7
Vt. 2/.....	1,400	120,000	84.45	+1.2	+1.4	+15.6	+27.3
V. I.....	56	2,300	40.50	(3/)	(3/)	(3/)	(3/)
Va.....	7,200	478,000	66.65	-.1	+.7	+4.3	+9.9
Wash.....	10,000	774,000	77.25	-.3	-1.8	+5.8	+18.4
W. Va.....	6,200	337,000	54.70	+.7	+1.3	+4.8	+15.8
Wis.....	5,500	340,000	61.30	+1.2	+2.0	+26.3	+25.1
Wyo.....	860	61,700	71.80	+.1	-1.7	+9.8	+10.6

1/ All data subject to revision.
2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

Table 6. Aid to families with dependent children: Recipients and payments to recipients, by State, March 1968[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		February 1968 in--		March 1967 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/...	1,365,000	5,587,000	4,180,000	$222,402,000	$163.00	$39.80	+1.2	+2.0	+13.9	+23.2
Ala.....	20,700	87,600	70,100	1,330,000	64.35	15.20	+1.8	+1.7	+22.6	+46.1
Alaska.....	1,500	5,400	4,100	189,000	127.60	35.00	+2.6	+5.8	+5.9	+6.5
Ariz.....	10,300	43,500	33,200	1,231,000	119.50	28.25	-.1	-.8	+1.9	+2.5
Ark.....	9,500	39,300	29,700	768,000	80.75	19.60	+.1	+.1	+10.8	+10.9
Calif. 3/.....	207,000	824,000	598,000	37,774,000	182.85	45.85	+1.8	+4.2	+8.2	+13.1
Colo. 3/.....	14,700	56,700	43,000	2,150,000	146.35	37.90	+.3	+.7	+.8	+2.8
Conn. 3/.....	16,700	65,200	48,500	3,562,000	213.30	54.65	+.3	-2.5	+20.1	+33.4
Del. 3/.....	4,300	18,300	13,700	592,000	136.65	32.35	+.9	+1.9	+23.6	+29.6
D. C.....	5,600	25,900	20,800	1,001,000	177.50	38.60	+.5	+.7	+9.5	+11.7
Fla.....	37,400	148,000	118,000	2,238,000	59.80	15.15	-.4	-1.0	+5.4	+4.7
Ga.....	27,500	108,000	83,600	2,741,000	99.60	25.25	+1.1	+1.1	+15.8	+23.7
Guam.....	180	980	820	36,100	195.20	36.85	+5.6	+5.8	+29.1	+166.9
Hawaii 3/.....	4,900	20,600	15,100	906,000	185.55	43.90	+2.2	+2.3	+16.8	+23.6
Idaho.....	3,200	12,300	8,800	573,000	176.95	46.75	+.6	-.1	+9.2	+13.4
Ill. 3/.....	63,300	291,000	226,000	13,185,000	208.40	45.25	+2.2	+3.5	+15.0	+20.0
Ind.....	12,600	52,300	39,500	1,694,000	135.00	32.40	+.1	-.6	+9.4	+26.1
Iowa.....	12,900	50,200	36,700	2,481,000	192.15	49.35	+1.7	+1.3	+14.0	+29.7
Kans. 3/.....	10,000	41,700	32,300	1,811,000	181.05	43.40	(4/)	+.4	+14.4	+15.5
Ky.....	27,100	107,000	77,500	3,032,000	111.90	28.40	+.5	+.8	+19.2	+21.6
La.....	30,000	132,000	101,000	3,142,000	104.65	23.90	+3.7	+3.3	+14.3	+14.8
Maine.....	6,000	22,500	16,400	669,000	110.65	29.75	+1.0	+1.0	+9.7	+9.9
Md. 3/.....	27,900	112,000	86,000	4,319,000	155.00	38.65	+.7	+1.1	+13.4	+21.0
Mass. 3/.....	38,900	144,000	107,000	7,832,000	201.40	54.25	+.7	-2.3	+24.7	+28.7
Mich. 3/.....	47,700	196,000	147,000	8,691,000	182.30	44.35	+3.2	+2.6	+21.4	+29.4
Minn.....	16,700	61,000	47,200	3,276,000	195.60	53.70	(4/)	+.1	+10.0	+24.3
Miss.....	24,500	101,000	82,600	855,000	34.85	8.50	(5/)	+.4	+11.5	+1.5
Mo.....	27,600	114,000	88,100	2,836,000	102.85	24.80	+.6	+.6	+4.5	+3.8
Mont.....	2,600	9,800	7,500	362,000	139.10	36.90	-.2	-.1	+8.2	+7.3
Nebr. 3/.....	6,100	24,700	19,000	907,000	148.30	36.75	+2.5	+3.0	+19.6	+48.5
Nev.....	2,200	8,300	6,400	255,000	118.35	30.65	+3.6	+2.9	+18.2	+15.4
N. H.....	1,500	6,200	4,700	266,000	176.90	42.90	+2.6	+3.0	+12.6	+17.6
N. J.....	37,900	151,000	115,000	8,743,000	230.90	57.80	+1.4	+2.3	+19.6	+26.4
N. Mex.....	9,900	40,300	30,500	1,234,000	124.65	30.60	+.7	+.5	+19.2	+19.7
N. Y. 3/.....	210,000	836,000	611,000	51,392,000	244.20	61.45	+1.4	+2.9	+22.8	+38.3
N. C.....	26,500	109,000	82,200	2,792,000	105.15	25.70	+.1	+.5	-.3	+4.3
N. Dak.....	2,400	9,800	7,500	454,000	186.20	46.25	+2.1	-.3	+9.0	+11.4
Ohio 3/.....	56,500	234,000	174,000	8,663,000	153.25	37.00	+1.6	+1.6	+19.2	+32.9
Okla. 3/.....	23,300	91,000	68,200	3,127,000	134.10	34.35	-.6	-.6	+5.8	+5.1
Oreg. 3/.....	11,300	44,700	31,600	1,777,000	157.00	39.75	-1.6	-.9	+10.9	+12.1
Pa. 3/.....	72,900	313,000	230,000	11,976,000	164.15	38.20	+.8	+.8	+16.4	+22.3
P. R.....	35,800	175,000	131,000	937,000	26.15	5.35	-.3	(4/)	-3.3	+20.5
R. I. 3/.....	7,900	30,800	22,500	1,353,000	171.80	44.00	+1.2	+.9	+13.2	+20.5
S. C.....	7,600	29,600	23,900	549,000	72.70	18.55	+2.0	+1.3	+18.0	+38.3
S. Dak.....	3,700	13,800	10,400	572,000	154.00	41.35	+.8	+.5	+7.3	+19.9
Tenn.....	24,800	98,600	75,900	2,578,000	104.00	26.15	+.4	-.4	+11.8	+11.3
Tex.....	29,200	135,000	104,000	2,794,000	95.80	20.65	+2.8	+2.5	+29.1	+25.0
Utah 3/.....	7,500	30,300	21,300	1,064,000	141.25	35.10	+.9	+2.9	+25.6	+23.5
Vt.....	2,400	9,000	6,500	410,000	169.95	45.45	+4.6	+5.1	+33.9	+106.8
V. I.....	400	1,600	1,300	44,900	112.75	28.50	+1.3	+1.2	+7.1	+15.0
Va.....	14,600	60,800	46,800	1,860,000	127.35	30.55	+2.5	+4.2	+14.5	+23.1
Wash. 3/.....	19,600	76,100	53,700	3,455,000	176.45	45.40	(5/)	-.1	+18.2	+24.4
W. Va. 3/.....	20,800	95,200	66,500	2,435,000	116.80	25.60	-1.4	-1.6	-4.3	-3.0
Wis. 3/.....	17,000	67,100	50,600	3,311,000	194.85	49.35	+3.2	+3.7	+26.6	+39.3
Wyo.....	1,300	4,700	3,500	178,000	142.25	38.35	+.4	+1.1	+5.2	+9.6

1/ All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Includes data on unemployed-parent segment; see table 7.
4/ Decrease of less than 0.05 percent.
5/ Increase of less than 0.05 percent.

Table 7. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, by State, March 1968[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		February 1968 in--		March 1967 in--	
		Total 2/	Children	Total	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total.....	79,500	445,000	298,000	$17,515,000	$220.20	$39.40	+0.9	+2.6	+10.1	+18.1
Calif.....	26,500	151,000	101,000	5,859,000	221.30	38.90	+2.8	+5.5	+1.7	+5.1
Colo.....	1,200	7,100	4,600	278,000	228.20	39.40	+1.0	+1.4	-27.5	-23.4
Conn.....	660	3,400	2,200	168,000	255.75	49.20	-19.6	-13.1	-7.3	+34.0
Del.....	340	2,100	1,400	63,200	188.15	30.55	-1.9	-.4	+2.2	+12.0
Hawaii.....	500	2,900	2,000	118,000	237.80	39.95	+11.5	+13.5	+30.9	+50.3
Ill.....	4,200	26,100	17,900	1,102,000	263.65	42.25	+10.2	+7.7	+28.9	+30.3
Kans.....	370	2,200	1,500	80,800	216.10	35.90	-3.3	-6.1	+29.4	+29.5
Md.....	560	3,100	2,100	106,000	189.30	33.90	-12.8	-11.1	+10.6	+21.3
Mass.....	720	4,400	3,000	217,000	302.15	49.60	+2.3	+4.1	-.7	+27.8
Mich.....	2,200	13,800	9,400	543,000	248.75	39.40	-4.8	-.9	+28.0	+30.6
Nebr.....	160	700	500	22,400	135.55	31.80	+32.9	+30.5	+31.4	+93.7
N. Y.....	18,400	94,200	63,900	4,789,000	259.60	50.85	+.5	+2.8	+13.9	+28.7
Ohio.....	4,200	25,000	16,800	859,000	205.15	34.40	+5.2	+5.2	+35.1	+51.0
Okla.....	780	4,600	3,100	150,000	193.10	32.70	-.8	-.4	+26.5	+30.0
Oreg.....	1,900	10,400	6,800	389,000	205.80	37.30	-7.6	-6.5	+3.0	+5.9
Pa.....	4,400	24,500	16,100	710,000	162.85	28.95	-4.2	-6.4	+24.8	+34.5
R. I.....	450	2,600	1,700	89,700	199.25	34.75	+4.2	-.6	+30.6	+34.4
Utah.....	1,800	9,300	6,100	218,000	124.30	23.35	+.8	+5.4	+58.7	+88.8
Wash.....	2,300	12,400	7,900	466,000	203.50	37.70	-3.6	-3.7	+10.4	+19.1
W. Va.....	7,000	39,800	26,400	1,042,000	148.55	26.20	-2.9	-2.5	-4.2	-1.2
Wis.....	990	5,600	3,700	243,000	244.45	43.30	+9.0	+9.5	+120.3	+129.4

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.

2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.

Table 8. General assistance: Recipients and payments to recipients, by State, March 1968[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		February 1968 in--		March 1967 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	365,000	795,000	$32,763,000	$89.65	$41.25	-0.5	+1.7	+10.4	+21.8
Ala.	72	72	990	13.70	13.70	(3/)	(3/)	(3/)	(3/)
Alaska	260	840	17,600	67.55	21.00	+7.3	+6.4	+19.2	+28.4
Ariz.	2,000	6,000	99,100	49.60	16.55	+1.9	+10.3	-5.6	-16.8
Ark.	220	820	2,900	13.25	3.50	-19.6	-17.1	-31.9	-37.4
Calif.	33,900	59,300	2,320,000	68.40	39.10	+22.4	+8.2	+35.7	+6.7
Colo.	1,300	4,200	57,900	44.90	13.85	-5.7	+9.7	-20.8	-7.4
Conn. 4/	6,000	17,700	530,000	88.05	29.90	+3.7	+5.3	+33.0	+41.1
Del.	1,900	3,800	113,000	58.45	29.80	+1.0	+2.1	+31.3	+35.0
D. C.	1,000	1,100	89,000	89.25	81.65	-1.5	+.2	-1.1	-1.8
Fla. 4/	8,100	(5/)	248,000	---	---	---	---	---	---
Ga. 6/	2,300	5,100	71,700	31.45	14.05	---	---	---	---
Guam	40	63	2,700	(3/)	42.90	(3/)	(3/)	(3/)	(3/)
Hawaii	1,500	2,500	141,000	95.40	55.70	-1.1	+2.8	+22.6	+22.2
Ill.	25,900	60,100	2,433,000	94.00	40.50	-1.4	+2.9	+14.0	+23.1
Iowa 4/	3,700	9,400	159,000	---	---	---	---	---	---
Kans.	2,900	6,200	249,000	85.35	40.20	-7.1	-1.9	+8.4	+10.0
La.	6,400	7,000	328,000	51.10	46.80	+.4	+.6	+9.1	+11.8
Maine	2,500	8,300	121,000	49.00	14.50	-8.1	-8.1	-3.8	-7.5
Md.	6,900	8,100	574,000	83.40	70.75	-.3	-.9	-16.5	-15.0
Mass.	9,600	21,500	893,000	92.70	41.60	-1.9	-3.4	+24.5	+18.8
Mich.	20,900	66,700	2,588,000	123.75	38.80	-5.5	+2.6	+1.3	+36.4
Minn.	6,800	20,900	662,000	98.05	31.75	+.7	+3.8	-.8	+9.4
Miss.	1,300	1,700	25,100	19.10	15.00	+7.4	+4.3	+8.1	+9.5
Mo.	10,100	13,100	674,000	66.65	51.60	-1.2	+.7	+3.5	+2.1
Mont.	2,400	9,000	183,000	76.95	20.25	-6.4	-1.1	+110.0	+116.4
N. H.	760	2,500	50,300	66.30	20.45	-14.8	-18.8	-22.9	-21.6
N. J. 7/	13,700	42,300	1,757,000	127.85	41.55	-3.1	-2.8	+5.3	+12.8
N. Mex.	230	540	9,100	38.95	16.70	+.2	+3.0	-33.7	-49.8
N. Y.	91,900	190,000	11,448,000	124.60	60.30	+2.0	+4.4	+33.0	+52.6
N. C.	1,600	4,500	42,400	26.60	9.45	-12.8	-12.4	-12.4	-9.0
N. Dak.	350	1,500	20,500	58.30	13.90	+2.4	-7.1	-30.6	-35.3
Ohio	24,800	66,900	2,327,000	94.00	34.75	-8.4	-1.7	-8.0	-1.3
Okla.	1,100	(5/)	19,600	18.25	---	---	-10.7	---	-74.6
Oreg.	2,400	(5/)	126,000	52.50	---	---	-5.5	---	-54.7
Pa.	33,700	43,300	2,554,000	75.85	59.00	+1.0	+1.6	+19.3	+18.0
R. I.	3,800	10,100	293,000	76.95	28.95	-5.6	-17.7	+18.5	+2.1
S. C.	760	920	29,400	38.60	32.10	-.9	-.5	-35.8	-22.6
S. Dak.	430	1,400	17,600	40.90	12.60	-6.6	+.8	-5.9	+4.4
Tenn.	1,800	6,300	49,200	28.05	7.85	-.3	-26.3	+107.4	-19.0
Tex. 4/	9,800	(5/)	228,000	---	---	---	---	---	---
Utah	1,500	1,800	123,000	81.35	68.35	+3.2	+2.3	+91.5	+91.5
Vt. 4/	500	(5/)	18,000	---	---	---	---	---	---
V. I.	170	180	6,900	41.65	37.80	+5.2	+5.5	-4.2	-.4
Va.	4,300	10,100	238,000	55.05	23.55	-.6	+3.8	+16.7	+29.6
Wash.	8,000	12,700	628,000	78.80	49.55	-15.7	-14.0	-13.5	-10.9
W. Va.	1,700	3,000	78,600	46.95	26.65	+7.5	+2.2	-14.0	-10.0
Wis.	5,000	13,500	422,000	84.05	31.25	-4.9	-2.1	-1.6	+10.6
Wyo.	330	1,200	28,200	85.95	22.80	-15.2	-10.8	-29.1	-25.5

1/ All data subject to revision.
2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count includes an estimate for States not reporting such data. Excludes Idaho, Indiana, Kentucky, Nebraska, Nevada, and Puerto Rico; data not available.
3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
4/ Estimated.
5/ Data not available.
6/ Data for February; March data not reported.
7/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services.

Table 9. Amount of vendor payments for medical care for recipients of public assistance, by program and State, March 1968[1]

Table 9. Amount of vendor payments for medical care for recipients of public assistance, by program and State, March 1968[1]

State	Total	Percentage change from--		Medical assistance	Medical assistance for the aged	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
		February 1968	March 1967							
Total	3/ $318,801,000	+11.0	+45.3	3/ $295,111,000	$5,388,000	$8,600,000	$248,000	$2,997,000	$2,318,000	$4,139,000
Ala	1,500,000	-.5	+26.3	---	560	1,360,000	5,200	134,000	---	---
Alaska 4/	211,000	+6.0	+8.2	---	---	46,600	590	40,200	---	124,000
Ariz	151,000	+8.6	-14.7	---	1,500	149,000	---	---	---	---
Ark. 4/	1,677,000	-2.7	+8.0	---	256,000	959,000	25,300	358,000	78,200	---
Calif	52,842,000	+30.8	+4.7	52,842,000	---	---	---	---	---	---
Colo	2,054,000	-2.2	-6.8	---	5/ 1,204,000	372,000	6,600	176,000	247,000	48,700
Conn	4,013,000	-2.4	+41.0	4,013,000	---	---	---	---	---	---
Del	671,000	+127.5	+268.7	671,000	---	---	---	---	---	---
D. C	242,000	-4.3	+39.9	---	233,000	2,200	19	3,800	2,900	530
Fla. 4/	2,159,000	+5.8	+17.1	---	---	1,605,000	23,700	332,000	198,000	---
Ga	3,572,000	+32.5	+112.7	3,572,000	---	---	---	---	---	---
Guam	5,000	-29.6	+163.2	5,000	---	---	---	---	---	---
Hawaii	1,023,000	+27.1	+92.3	1,023,000	---	---	---	---	---	---
Idaho	599,000	-4.5	-.5	599,000	---	---	---	---	---	---
Ill	11,605,000	-28.7	+38.2	11,605,000	---	---	---	---	---	---
Ind	2,743,000	+8.4	+39.7	---	411,000	1,897,000	90,900	442,000	502,000	---
Iowa	1,857,000	-2.5	-3.3	1,737,000	---	---	---	---	---	6/ 120,000
Kans	2,906,000	-19.6	+86.4	2,906,000	---	---	---	---	---	---
Ky	3,289,000	+10.3	+56.0	3,289,000	---	---	---	---	---	---
La	3,705,000	+7.9	+27.2	3,705,000	---	---	---	---	---	---
Maine	852,000	-7.0	+15.0	767,000	---	---	---	---	---	84,500
Md	5,665,000	+16.4	+89.5	5,665,000	---	---	---	---	---	---
Mass	16,920,000	-1.2	+69.1	16,577,000	---	---	---	---	---	343,000
Mich	13,752,000	-8.6	+62.3	13,597,000	---	---	---	---	---	155,000
Minn	7,477,000	+3.3	+32.1	7,195,000	---	---	---	---	---	282,000
Miss	322,000	-3.6	+263.0	---	---	275,000	3,100	44,300	---	---
Mo	2,436,000	+18.6	+116.5	2,436,000	---	---	---	---	---	---
Mont	869,000	+7.8	+54.4	589,000	---	---	---	---	---	280,000
Nebr	1,766,000	+50.9	-6.9	1,766,000	---	---	---	---	---	---
Nev	655,000	+26.2	+207.5	655,000	---	---	---	---	---	---
N. H	278,000	+1.1	+29.9	278,000	---	---	---	---	---	---
N. J	4,417,000	-.7	+72.9	---	5/ 2,988,000	168,000	15,300	398,000	563,000	335,000
N. Mex	1,215,000	+2.1	+68.5	1,183,000	---	---	---	---	---	32,300
N. Y	94,207,000	+21.9	+77.6	94,207,000	---	---	---	---	---	---
N. C	1,742,000	+4.7	+.4	---	119,000	350,000	26,700	653,000	496,000	97,000
N. Dak	937,000	+.5	-3.4	929,000	---	---	---	---	---	7,800
Ohio	8,562,000	+34.8	+80.0	6,908,000	---	---	---	---	---	1,654,000
Okla	5,195,000	-.3	-7.0	5,195,000	---	---	---	---	---	---
Oreg	1,474,000	-5.0	+27.7	1,377,000	---	---	---	---	---	96,500
Pa	13,890,000	-.3	+25.0	13,890,000	---	---	---	---	---	---
P. R	3,794,000	+13.8	+36.3	3,794,000	---	---	---	---	---	---
R. I	2,440,000	+19.4	+47.0	2,311,000	---	---	---	---	---	129,000
S. C	733,000	-4.6	+17.7	---	---	558,000	30,200	127,000	12,600	5,200
S. Dak	727,000	+11.3	+32.1	655,000	---	---	---	---	---	72,200
Tenn	1,365,000	+.9	+36.5	---	141,000	993,000	4,000	107,000	120,000	---
Tex	10,934,000	-3.8	+170.9	10,934,000	---	---	---	---	---	---
Utah	749,000	+21.8	+5.3	749,000	---	---	---	---	---	---
Vt	1,176,000	+141.5	+250.0	1,176,000	---	---	---	---	---	---
V. I	(3/)	---	---	(3/)	---	---	---	---	---	---
Va	885,000	+.5	+24.5	---	83,900	465,000	16,400	182,000	98,300	39,200
Wash	4,576,000	+10.5	+33.1	4,576,000	---	---	---	---	---	---
W. Va	845,000	-27.2	-14.2	808,000	---	---	---	---	---	36,600
Wis	10,969,000	+14.3	+91.0	10,825,000	---	---	---	---	---	144,000
Wyo	155,000	+27.0	+19.2	102,000	---	---	---	---	---	52,700

1/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provisions of medical services. All data subject to revision.
2/ Data incomplete for general assistance. Some States do not report these data and for some the data represent only partial reporting.
3/ Data not reported by Virgin Islands.
4/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Excludes small amount of money payments not subject to Federal participation.
6/ Partly estimated.

Table 10. Amount of medical vendor payments for public assistance programs under the Social Security Act, by form of payment and State, March 1968[1]

State	Total	Form of medical vendor payments	
		Payments to vendors directly or through fiscal agent	Premium or per capita payments [2]
Total [3]	$314,662,000	$300,088,000	$14,578,000
Title XIX States [3]	295,111,000	284,042,000	11,071,000
Other States	19,551,000	16,046,000	3,507,000
	Title XIX States		
Calif.	52,842,000	51,963,000	879,000
Conn.	4,013,000	3,990,000	22,600
Del.	671,000	665,000	6,800
Ga.	3,572,000	3,208,000	364,000
Guam	5,000	4,100	880
Hawaii	1,023,000	1,023,000	---
Idaho	599,000	599,000	---
Ill.	11,605,000	11,605,000	---
Iowa	1,737,000	1,667,000	70,200
Kans.	2,906,000	2,851,000	55,700
Ky.	3,289,000	3,289,000	---
La.	3,705,000	3,705,000	---
Maine	767,000	730,000	37,000
Md.	5,665,000	5,665,000	---
Mass.	16,577,000	16,514,000	63,100
Mich.	13,597,000	13,597,000	---
Minn.	7,195,000	7,093,000	102,000
Mo.	2,436,000	2,436,000	---
Mont.	589,000	573,000	16,100
Nebr.	1,766,000	1,724,000	41,700
Nev.	655,000	655,000	---
N. H.	278,000	247,000	31,800
N. Mex.	1,183,000	1,183,000	---
N. Y.	94,207,000	94,045,000	162,000
N. Dak.	929,000	806,000	[2] 123,000
Ohio	6,908,000	6,908,000	---
Okla.	5,195,000	1,070,000	[2] 4,125,000
Oreg.	1,377,000	1,377,000	---
Pa.	13,890,000	13,890,000	---
P. R.	3,794,000	3,794,000	---
R. I.	2,311,000	2,311,000	---
S. Dak.	655,000	640,000	15,100
Tex.	10,934,000	6,034,000	[2] 4,900,000
Utah	749,000	749,000	---
Vt.	1,176,000	1,159,000	17,000
Wash.	4,576,000	4,560,000	[2] 16,700
W. Va.	808,000	808,000	---
Wis.	10,825,000	10,803,000	21,600
Wyo.	102,000	102,000	---
	Other States		
Ala.	1,500,000	1,500,000	---
Alaska	87,400	87,400	---
Ariz.	150,000	107,000	43,100
Ark.	1,677,000	1,486,000	191,000
Colo.	2,005,000	1,653,000	[2] 352,000
D. C.	242,000	242,000	---
Fla.	2,159,000	1,986,000	174,000
Ind.	2,743,000	2,436,000	[2] 308,000
Miss.	323,000	323,000	---
N. J.	4,082,000	4,037,000	45,400
N. C.	1,644,000	614,000	[2] 1,030,000
S. C.	728,000	660,000	68,200
Texas	1,366,000	143,000	[2] 1,222,000
Va.	845,000	772,000	[2] 73,500

1/ All data subject to revision.
2/ Entries represent premium payments into the Social Security Administration system for Supplementary Medical Insurance except for premium payments into an agency pooled fund by North Carolina-$1,030,000; Oklahoma-$3,807,000 Tennessee-$1,015,000; and premium payments to health-insuring agencies by Colorado-$238,000; Indiana-$248,000; North Dakota-$87,200; Texas-$3,786,000; Virginia-$40,100; and Washington-$16,700.
3/ Data not reported for Virgin Islands.

Table 11. General assistance: Recipients and payments to recipients for selected cities, March 1968

[Excludes vendor payments for medical care and cases receiving only such payments]

City	Number of--		Payments to recipients			Percentage change from--			
				Average per--		February 1968 in--		March 1967 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total, 17 cities 1/...	164,000	309,000	$16,800,000	$102.60	$54.45	+5.7	+4.2	+28.6	+34.4
Baltimore.....	5,800	6,800	491,000	84.75	71.80	+1.0	-.1	-18.8	-17.7
Boston.....	3,700	6,100	386,000	103.85	63.25	-1.1	-8.4	+54.3	+24.0
Buffalo 2/.....	4,300	6,200	475,000	111.65	76.45	+.9	+5.1	+7.1	+21.5
Chicago.....	15,900	34,000	1,791,000	112.40	52.75	+1.7	+3.0	+23.1	+35.0
Cincinnati 2/.....	5,400	18,000	412,000	75.75	22.90	+2.0	-.4	+3.9	+6.5
Cleveland 2/.....	6,800	16,900	607,000	88.90	35.95	+4.3	+3.7	-5.6	+3.4
Detroit.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
District of Columbia.....	1,000	1,100	89,000	89.25	81.65	-1.5	+.2	-1.1	-1.8
Los Angeles 2/.....	19,500	36,700	1,183,000	60.80	32.30	+46.9	+16.7	+91.3	+13.1
Milwaukee 2/.....	2,700	6,000	243,000	91.60	40.85	+.5	0	+2.9	+13.6
Minneapolis.....	1,600	3,600	151,000	94.15	41.65	+3.6	+1.3	+3.1	+6.7
New Orleans.....	1,000	1,100	53,900	54.05	49.80	+1.8	+2.0	+34.9	+38.1
New York.....	70,000	137,000	8,852,000	126.50	64.40	+2.1	+4.8	+39.4	+57.4
Philadelphia.....	10,200	14,800	849,000	83.65	57.50	+2.7	+3.4	+30.2	+30.4
Pittsburgh.....	8,500	9,600	668,000	78.20	69.45	-.1	+.9	+3.7	+3.5
Rochester.....	890	2,400	92,900	104.50	38.45	+1.2	+.7	+19.7	+26.5
St. Louis.....	1,900	2,200	124,000	65.80	56.15	-1.6	+.9	-1.4	+5.4
San Francisco.....	4,600	5,700	331,000	71.70	57.65	-1.1	+.7	+10.7	+30.2

1/ Data not reported for Detroit. Percentage changes based on comparable data.
2/ Data for county in which city is located.

Table 12. Old-age, survivors, disability, and health insurance, summary benefit data, March 1968[1]

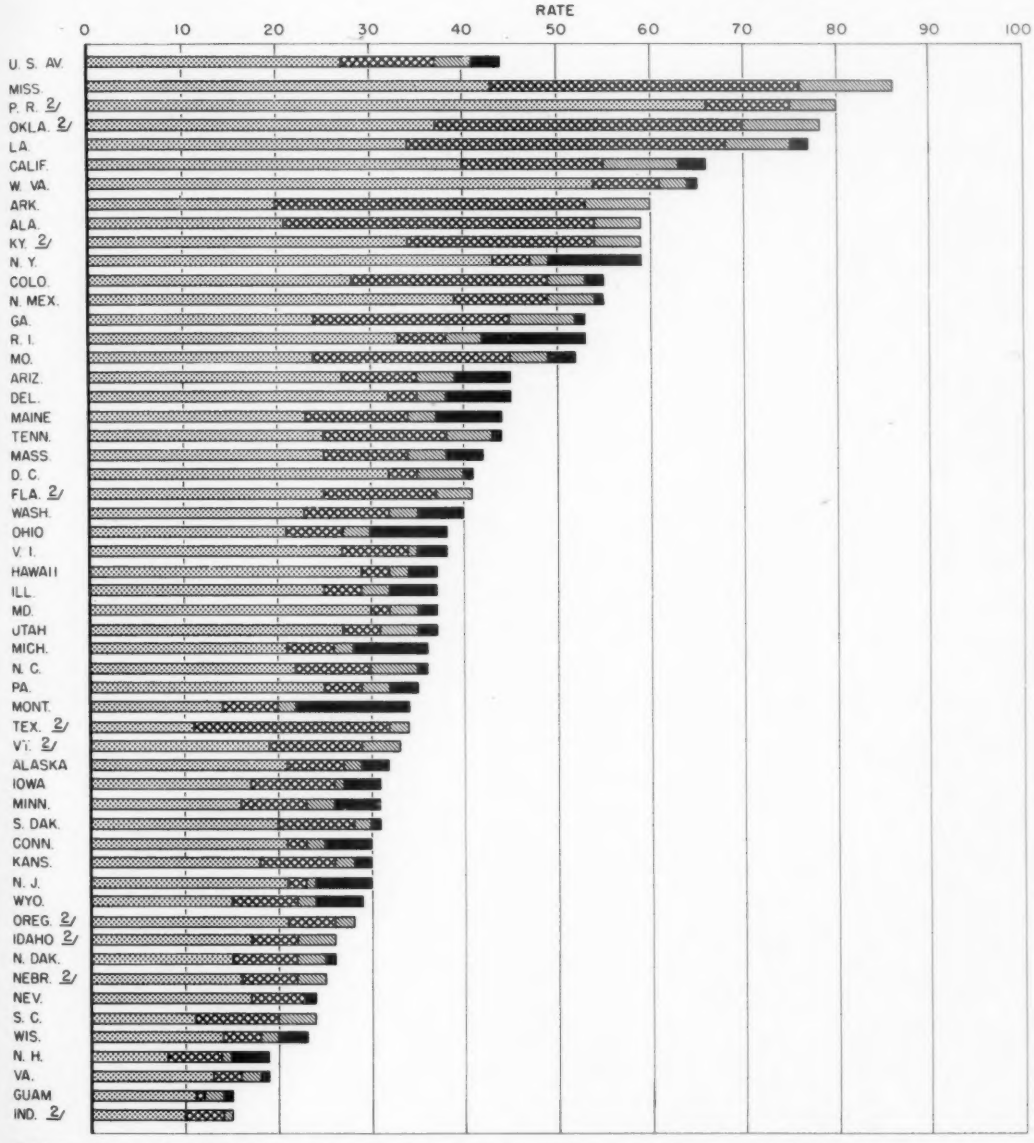
CASH BENEFITS AWARDED AND IN CURRENT-PAYMENT STATUS

Type of beneficiary	Benefit awards		Benefits in current-payment status*			Amount of benefits paid 1/ (in thousands)
	Number	Average amount	Number	Average amount	Monthly rate (in thousands)	
Total monthly beneficiaries	315,146	---	24,026,000	---	$2,003,000	$2,053,720
Retired workers and dependents	169,185	---	15,370,000	---	1,352,000	1,369,813
Retired workers	124,034	$103.63	12,186,000	$98.20	1,197,000	1,207,336
Wives and husbands 2/	30,715	49.66	2,665,000	51.01	136,000	142,050
Children 3/	14,436	43.23	520,000	38.30	20,000	20,427
Disabled workers and dependents	54,091	---	2,206,000	---	171,000	186,214
Disabled workers	23,319	116.44	1,218,000	111.55	136,000	144,891
Wives and husbands 2/	7,289	40.48	242,000	38.55	9,000	11,843
Children 3/	23,483	36.59	747,000	35.26	26,000	29,480
Survivors of deceased workers	83,888	---	5,735,000	---	452,000	469,300
Widowed mothers	8,569	79.82	499,000	74.61	37,000	38,251
Children 3/	49,211	69.40	2,392,000	71.17	170,000	173,195
Widows and widowers 4/	25,947	89.07	2,811,000	85.84	241,000	254,793
Parents	161	100.35	33,000	87.73	3,000	3,061
Persons with special age-72 benefits 5/ .	7,982	---	714,000	---	28,000	28,393
Primary	7,687	---	692,000	39.74	27,600	27,943
Wives	295	---	22,000	19.97	400	450
Lump-sum death payments 6/	108,435	223.95	---	---	---	23,396

1/ Exceeds monthly rate of benefits in current-payment status because of the inclusion in initial payments of amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Includes wives under age 65 with entitled children in their care; a total of 372,000 such wives of retired and disabled workers were in current-payment status.
3/ Includes disabled persons aged 18 and over whose disability began before age 18.
4/ Includes widows and divorced wives aged 60-61 entitled under the 1965 amendments.
5/ Represents benefits authorized by Public Law 89-368(1966) for certain persons aged 72 and over who are not insured under the regular or transitional insured-status provisions of the Social Security Act.
6/ Number of lump-sum payments shown were paid on the accounts of 104,467 deceased workers; the average amount represents average per deceased workers.
* Estimated data.

* U. S. GOVERNMENT PRINTING OFFICE : 1968 344-693/1

RECIPIENTS OF PUBLIC ASSISTANCE MONEY PAYMENTS PER 1,000 CIVILIAN POPULATION (RECIPIENT RATES) BY STATE, DECEMBER 1967 1/



1/ BASED ON CIVILIAN POPULATION AS OF JANUARY 1, 1968; ESTIMATED BY THE BUREAU OF THE CENSUS.
2/ DATA FOR GENERAL ASSISTANCE NOT AVAILABLE.

LEGEND: AFDC OAA AB and APTD GA

average per deceased workers.
Estimated data.

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Social and Rehabilitation Service
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